

Swedish Hospital Foundation

Third Party Fundraising Application

Thank you for your interest in supporting Swedish Hospital. Please complete this form and return to schfoundation@schosp.org. A member of our team will be in touch with you no later than 5 business days.

Contact Information

Business/Organization (if applicable): _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Fundraiser Information

Event Name: _____

Event Date: _____ Event Time: _____

Location name and address: _____

City: _____ State: _____ Zip: _____

Private Event Open to the public

Ticket Price: \$ _____ Estimated Revenue: \$ _____ Estimated Donation: \$ _____

Event Description _____

How will this fundraiser be promoted? _____

Are there beneficiaries other than Swedish Hospital? If yes, please name them: _____

Is there a specific area within the hospital for the funds to benefit? If yes, please name: _____

What support would you require from Swedish Hospital Foundation in order for your initiative to be successful? (please provide specifics) _____

Terms and Conditions

- All events to benefit Swedish Hospital must be approved by the Foundation prior to the event or event promotion.
- Logo and name use must be approved prior to use.
- Funds must be given to Swedish Hospital Foundation within 30 days of event.
- Swedish Hospital may only be identified as a beneficiary of your event, not a host or sponsor.
- No tax deductions are available unless they are made directly to Swedish Hospital.
- Checks for event proceeds should be made out to Swedish Hospital Foundation.
- As the event organizer, I am responsible for planning and execution of the event, including insurance or liability coverage. I am also responsible for underwriting event expenses.
- Swedish Hospital will not provide contact information of donors, patients, vendors, volunteer or other supporters.
- In order to avoid conflicting fundraising efforts, please notify Swedish Hospital Foundation before soliciting donations from organizations for gifts or in-kind donations (printing, food, etc.)
- Swedish Hospital cannot guarantee attendance

Signature: _____ Date: _____

Thank you for supporting Swedish Hospital Foundation

Please email this form to schfoundation@schosp.org or mail to: Swedish Hospital Foundation, 5145 N. California Avenue, Chicago, IL 60625