



## MyCommunity Fundraiser Program Guidelines

Thank you for choosing University of Florida Health as the partner for your fundraising event or campaign. Special events and community programs are an important part of fundraising for our organizations. We look forward to working with you to ensure that your event is successful. Any person or organization interested in participating in the MyCommunity Fundraiser Program must complete an Event Proposal Application and submit a brief summary of the event or campaign. The application must be submitted for prior approval through the UF Health Office of Development. This application process allows us to identify how the funds raised will best benefit our organization.

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**Please review and understand that the following guidelines may apply if your event proposal is approved.**

1. MyCommunity Fundraiser programs should fit the mission and promote the appropriate image for UF Health. UF Health has a fiduciary responsibility to ensure that the UF Health name is being used properly, that funds are being handled and accounted for in a responsible manner.
2. All fundraising events and campaigns require written permission to use the name of UF Health and all entities under its auspices. You will be notified if your application is approved. Please do not make public announcements or promote the program until you have received approval of your event.
3. Fundraising events and campaigns must comply with all relevant state and federal laws.
4. The UF Health Office of Development does not advance moneys, provide donor lists or solicit sponsorship revenue for MyCommunity Fundraiser Programs.
5. The logos of UF Health entities are registered trademarks and cannot legally be reproduced without written permission. UF Health Communications must review and pre-approve all promotional materials before they are used.
6. Any promotional materials must expressly state that the event is raising funds to benefit an entity of UF Health. However, publicity may not imply that the event is sponsored or co-sponsored by any UF Health entity.
7. There may be times when, if circumstances warrant, a fundraising program must be canceled. UF Health through any of its directors, officers, Vice Presidents or Offices of Development and Communications retains the right to cancel the fundraising program. You hereby agree to cancel the program, if so directed, and further agree to release UF Health from any and all liability in connection with such action.
8. You agree to indemnify and hold harmless UF Health from any and all claims and liabilities in any way related to the program.
9. Organizers are responsible for furnishing liability insurance for all activities, list UF Health as additional insured and provide a certificate of insurance as applicable for events requiring insurance.

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UF Health Office of Development  
PO Box 100386  
Gainesville, FL 32610

t. 352.265.7237  
f. 352.265.7954  
giving.ufhealth.org

**Contact Information**

Organization Name

Contact Person

Mailing Address

City/State/Zip

Telephone

Email

**Program Information**

Provide a brief description of the program:

Name of Proposed Program

Date(s)

Time(s)

Location Name

Location Address

Location Phone

Are there other beneficiaries besides an entity of UF Health?

Yes

No

If yes, which other organizations? \_\_\_\_\_

Will you be creating an online giving page (i.e. GoFundMe, Fundly, etc.)?

Yes

No

(If yes, please keep in mind that the event must be approved before your page may be created)

How did you hear about the MyCommunity Fundraising Program?

Hospital Personnel

Office of Development Website

Other \_\_\_\_\_

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**Estimated Proceeds** (Complete as thoroughly as possible based on previous financials or projections.)

Fundraising Activities:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Ticket Sales                | <input type="checkbox"/> Registration           | <input type="checkbox"/> In-Kind Donations* |
| <input type="checkbox"/> Auction                     | <input type="checkbox"/> Raffle                 | (examples: toys, soft goods, food, etc.)    |
| <input type="checkbox"/> Sponsorship                 | <input type="checkbox"/> General Donations      |   |
| <input type="checkbox"/> % of Sales (Please specify) | <input type="checkbox"/> Other (Please specify) |   |

Estimated Contribution \$ \_\_\_\_\_

**Event Attendance**

By Invitation Only       Open to the Public

Have you ever hosted this event before? If so, what was the outcome?

\*Due to the sensitivity of our patients' health conditions, we can only accept brand new items and food restrictions may apply.

As event organizers, I (we) hereby acknowledge to have read and understood the guidelines of MyCommunity Fundraiser Program. These policies are intended to protect the reputation and integrity of UF Health. The MyCommunity Fundraiser Proposal will be reviewed and evaluated for qualifying criteria. If the event is approved, you will receive a packet with additional information. For questions, please contact Jessica Clayton, Development Coordinator – Community Events at 352.265.7237 or [clayjb@shands.ufl.edu](mailto:clayjb@shands.ufl.edu)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**Internal Use Only**

Southeastern Healthcare       University of Florida Foundation

| Fund Number | Fund Description |
|-------------|------------------|
|-------------|------------------|

|                       |              |                        |
|-----------------------|--------------|------------------------|
| Approved as Submitted | Not Approved | Approved with Comments |
|-----------------------|--------------|------------------------|

Comments

\_\_\_\_\_  
Authorized Signature      \_\_\_\_\_  
Date

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