

PLEASE COMPLETE ALL PAGES

Erlanger Health System Foundations
Attn: Christian Orth
975 East Third St.
Chattanooga, TN 37403
Phone: 423-778-9298
Fax: 423-778-2680

SPECIAL PROJECT FORM

1. Name of sponsoring organization _____
2. Address _____
Phone: _____
Responsible officer for event:
Name _____
Phone/Extension _____
Title & Affiliation _____
Address _____

3. Type of proposed project and detailed description _____

4. Date/Time/Place of Event _____
5. Is the project a public appeal for: (check all that apply)
____ Funds ____ Tickets _____ Sale of commodities (specify) _____
Is the project restricted to: (Please select one of the following)
a. Membership of a private organization (which organization) _____
b. General public _____

- c. Other Restrictions (explain) _____
6. Is your organization: (Please circle one) Non-profit or Incorporated
7. Estimated (a) Expenses (attach breakdown) \$ _____
(b) Gross Receipts \$ _____
(c) Amount of donation expected (net proceeds) \$ _____
8. What officer of the organization will be responsible for handling the finances of the event and transmitting the proceeds that will be due to T.C. Thompson Children's Hospital Foundation?

Name _____ Title _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

9. What, if any, support will be requested on the part of Erlanger Health System Foundations? (Staff, Budget, Time, Activities) _____
- _____
- _____
- _____

10. What is your plan for publicity, if any? _____
- _____
- _____

NOTE: All publicity using the name and information pertaining to Erlanger Health System or Foundations Office must be approved prior to use.

11. Do you plan on seeking sponsorships from businesses or community groups? If yes, please attach a prospect list. _____
- _____
- _____

NOTE: Erlanger Health System Foundations Office must approve all solicitations for sponsors and donors BEFORE a call is made.

12. Have you sponsored a special project before? (circle one) Yes No

If yes, please list the most recent project you have sponsored and its beneficiary:

Project name _____

Date of project _____

Beneficiary _____ Contact _____

13. Is or will this be an annual event for Erlanger Hospital, Children's Hospital at Erlanger or EHS Foundations? (circle one) Yes No

14. Please attach any supplemental documents and mail or fax to:

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FOR HOSPITAL USE ONLY Approved _____ Not Approved _____

Signature _____ Date _____

Comments _____

THANK YOU FOR YOUR INTEREST IN HELPING OUR CAUSE!