Community Event Proposal Guidelines

These guidelines have been prepared for individuals, organizations and other groups that would like to hold an event benefiting The Vannie E. Cook Jr. Children’s Cancer and Hematology Clinic. **No announcement or publicity of any proposed event may be made until the Director of Development gives approval.**

We give you this information so there are no misunderstandings or disappointments with regard to our ability to support your event. We appreciate your fundraising efforts and thank you for assisting us in upholding our vision and mission.

- The Director of Development has the right to approve those events that represent the Clinic appropriately, uphold our mission and image, and offer net proceeds or an acceptable percentage of net revenue to the Vannie Cook Clinic. The completed Events Proposal Form must be submitted to the Office of Development at least **30 days** in advance of the event for timely consideration.

- The use of the Vannie E. Cook Jr. Children’s Cancer and Hematology Clinic logo and name may be used only after the Director of Development has granted approval. **All printed materials and other publicity to be published with the Vannie Cook logo or name must be submitted for review and approval by an authorized by the Director of Development prior to printing and distribution. We ask that no announcement or publicity of any proposed event be made until the Director of Development has given its approval.**

- All publicity materials should clearly state that proceeds benefit the Vannie Cook Clinic. The Vannie Cook Clinic reserves the right to approve any and all co-beneficiaries.

- Fundraisers involving raffle sales, prior drawings and gambling are prohibited.

- Staff at the Vannie Cook Clinic will not participate in the sale of event tickets or solicit event sponsorships or in-kind donations. Additionally, this applies to the sale of merchandise (CDs, books, T-shirts, etc.) to benefit Texas Children’s Hospital.

- If an organization plans to solicit contributions, sponsorships or in-kind gifts from businesses, the list of potential business sponsors may be requested for review by the Director of Development prior to approaching such sponsors. The Vannie Cook Clinic does not share its mailing list to third party organizations.

- Typically, Clinic representation may be available for the event; however, all requests are considered well in advance of the event. All net proceeds must be submitted to the Vannie Cook Clinic within **30 calendar days**.

- Once form is submitted, please give the Director of Development a minimum of seven days to review your proposal.

- If the proposal is approved by the Director of Development in its sole discretion, may require the fundraising organization to enter into a contract with the Vannie Cook Clinic to further define the parties’ respective obligations for the event before the event may occur.

**Funds should be made payable to and mailed to:**

The Vannie E. Cook Jr. Children’s Cancer and Hematology Clinic  
Attn: Victoria Guerra  
101 W. Expressway 83  
McAllen, TX 78503

Phone: 956-661-9840  
Fax: 956-661-9841  
Email: vamartin@txch.org
The Vannie E. Cook Jr.
CHILDREN’S CANCER AND HEMATOLOGY CLINIC

EVENT PROPOSAL FORM

NOTE: PROPOSAL MUST BE APPROVED BY THE VANNIE COOK CLINIC PRIOR TO PUBLICIZING OR HOLDING EVENT.

CONTACT INFORMATION

Name of group or company planning event: ____________________________________________

Contact Person: __________________________ Title: __________________________

Mailing Address: ________________________________________________________________

Organization website: ____________________________________________________________

Phone: __________________________ Alternative Phone: __________________________

Fax: __________________________ Email: __________________________

Briefly describe your organization:
__________________________________________________________

EVENT INFORMATION

☐ One-time event ☐ Annual event ☐ Ongoing project

Name of proposed event: ________________________________________________

Briefly describe your event:
__________________________________________________________________________

Date: _______________ Time: _______________ Location:

Is the event: ☐ Open to the public ☐ By invitation only

Have you formed a committee to help organize this event? ☐ Yes ☐ No

If no, who will support you in your efforts? ______________________________________

Is the Vannie Cook Clinic the sole beneficiary? ☐ Yes ☐ No

If no, please list other beneficiaries: ____________________________________________

How will the funds be raised?
☐ Ticket Sales ☐ Online ☐ Sponsorships ☐ Auction ☐ Other
Who will you solicit?  
☐ Friends  ☐ Family  ☐ Clients  ☐ Other: __________________

How will expenses be paid?  
☐ From proceeds  ☐ By event organizer

**Anticipated total funds raised:**  $ ______________
**Anticipated total expenses:**  $ ______________
**Anticipated donation to the Vannie Cook Clinic:**  $ ______________

How will you promote this event?
________________________________________________________________________________________________
________________________________________________________________________________________________

☐ I understand that by Texas State Law, raffles are allowed only if sponsored by a 501C3 organization. The Vannie Cook Clinic is unable to support a third party raffle.

☐ I agree that the Vannie Cook Clinic will receive all revenues from the event within 30 days of the event.

☐ I agree that all printed materials and publicity for the event must be approved by the Vannie Cook Clinic prior to being released, printed, etc.

Print name: ____________________________________________________________

Signature of applicant: __________________________________________________ Date: ____________________________

PLEASE RETURN FORM TO:

Victoria Guerra  
Vannie E. Cook Jr. Children’s Cancer and Hematology Clinic  
101 W. Expressway 83  
McAllen TX 78503  
956-661-9841 (fax)  
vamartin@txch.org

For Clinic use only

Approved by: ____________________________ Date approved: ______________ RE #: __________________