



Special Event or Project Proposal

Date: _____

Contact Information

Name of Organization (if applicable): _____

Contact Person: _____

Contact Address: _____

Contact Phone (Day): _____ (Evening): _____

Email Address: _____

How did you hear about Blythedale? _____

Name of person/group that referred you here _____

About Your Event

Name of Event/Project: _____

Is this a Mitzvah/Confirmation project? _____

If so, what is the name of your Temple/Church? _____

Description of Event/Project: _____

Event/Project Date and Time: _____ Rain Date (if applicable): _____

Event/Project Location and Address: _____

By Invitation (please circle)? Yes No Open to the Public (please circle)? Yes No

How will this event/project be promoted (flyers, radio, etc.)? _____

Funding and Donation Information

Are there beneficiaries other than Blythedale Children's Hospital (circle one) Yes No

If so, who? _____

Estimated Expenses: \$_____ Estimated Revenue: \$_____ Estimated Proceeds: \$_____

Estimated date funds will be donated to Blythedale Children's Hospital _____

How Can We Help You?

What are your needs from Blythedale Children's Hospital (if applicable)?

We appreciate your time and generosity and want to help make your event/project a great success. If you have questions, please feel free to contact us. Please understand that it is not possible for a staff person to attend all third-party events. If this is something you desire, please speak to us about your request. Thank you for your understanding.



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I understand that:

- All events to benefit Blythedale Children's Hospital must be approved by a member of the Development Department prior to the event or its publicizing.
- Blythedale Children's Hospital must approve all publicity and promotional materials for proposed events that include Children's Hospital's name or logo before they are released. Please forward a draft of all materials to Blythedale Children's Hospital prior to the event and its publicizing.
- When mentioning our name in print or on air, it should be referred to as **Blythedale Children's Hospital**. Please refrain from abbreviations or shortened names.
- Blythedale Children's Hospital assumes no liability for outside events.
- All costs associated with an event are the sole responsibility of the event organizer. Blythedale Children's Hospital will not provide reimbursement for expenses.

If you are completing this form electronically please check the box to serve as your electronic signature. Also, please type your name on the line below.

Print Name

Signature of Event Organizer

Date

Signature of Blythedale Children's Hospital Employee

Date

Please complete and return in the enclosed envelope to Teagan O'Connor at the address below, or by email to toconnor@blythedale.org.

Teagan O'Connor
Development Associate
Blythedale Children's Hospital
95 Bradhurst Avenue
Valhalla, NY 10595
P: (914) 831-2547