Please take a moment to read our guidelines for events benefitting Gaylord. Complete the attached form and email or fax it back. The Development Office will review this information and contact you to discuss any questions and to finalize the information. In accordance with Connecticut state law, every event requires a separate form completed for each occurrence of that event.

An initial step in planning a fundraiser is the completion of the Registration Form detailing the particulars of the event. Gaylord tries to avoid events that might be inconsistent with its mission or duplicate an existing event.

In accordance with the Attorney General in charitable giving guidelines, organizations and individuals which support Gaylord through public events are asked to comply with the following guidelines:

**Fundraiser Rules and Guidelines**

1. Clearance must be received from Gaylord to conduct an event whose net proceeds will go to the Hospital. All net proceeds, or a percentage thereof, from the event designated to benefit the Hospital must go to Gaylord’s Development Office and the percentage or the anticipated dollar amount of the donation must be stated in advance.

2. The organization, community group or corporation is solely responsible for any state or local licensing, event permits and when appropriate, must file the Commercial Coventurer Contract with the Office of the Attorney General for the State of Connecticut. Our staff can assist you in filing the Commercial Coventure Contract with the state.

3. The participants, sponsors or supporters of your fundraising efforts may not write their checks directly to Gaylord if they are receiving any type of benefits from your event. This includes golf tournament participants, dinner attendees, auction or raffle winners, etc. Checks must be written to the event that provided them with these benefits.

4. At the conclusion of the event, after event expenses have been resolved, the event organizer will be asked to write one (1) donation check to Gaylord on behalf of the fundraising event.

5. Gaylord does not have the capacity to provide volunteers to help support events. The special event is your opportunity to involve your own friends, contacts and membership in the fun and fellowship of helping Gaylord.

6. Gaylord does not have readily available means to assist in ticket sales of sponsorships.

7. Gaylord does not have readily available means to assist in individualized “thank you” letters to your event participants. We would be happy to supply you with the note cards from Gaylord to use in your “thank you” process.

8. Product Endorsement: Gaylord does not endorse products. Gaylord may choose to accept proceeds from discount promotions by reputable firms. In each case, the product promotion will be reviewed by the Hospital for approval. Background information may be required from a company desiring to do a promotion to benefit Gaylord Hospital.
If appropriate, a Gaylord Representative can assist in coordinating press and media releases for the event through Gaylord’s Public Relations Department.

1. As an independent organizer in a fundraising effort, and with Gaylord’s Role being solely that of beneficiary, all telephone or personal solicitations, publicity, printed matter, including advertising posters and tickets, must identify your organization as the sponsor or organizer.

2. If Gaylord’s name or logo is used on printed material, we must review your material before it goes to print. We have specific logo guidelines which can be obtained by contacting Tara Knapp at 203-284-2881 or publicrelations@gaylord.org.

3. In referring to our relationship, please only indicate “proceeds will benefit Gaylord” on printed materials and event communications.

4. Gaylord does not assume any responsibility for event expenses.

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**Donating the Proceeds of the Event**

We ask, for accounting purposes, and in accordance with the Attorney General’s charitable guidelines, the funds collected on our behalf are turned over to Gaylord within ninety days (90) following the event.

*Make checks payable to: Gaylord Hospital*

*Mail to:*
Development Office, Inc.
Gaylord Hospital
P.O. Box 400
Wallingford, CT 06492

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Gaylord Specialty Healthcare

Organizing & Hosting an Event to Benefit Gaylord
Registration Form

Please complete and return this form to Gaylord’s Development Office for approval. In accordance with Connecticut state law, every event requires a separate form completed for each occurrence of that event.

Event Name:___________________________________________________________________________
Type of Event: (Golf, Wine Tasting, Walk, other)_________________________________________________________________________________
Date:____/____/____ Location:____________________________________________________________

Name of Primary Contact:_________________________________________________________________
Address:_______________________________________________________________________________
City:__________________________________State:______________________Zip:__________________
Phone:___________________________________Fax:__________________________________________
Email:_________________________________________________________________________________

**Event Projections** (for our records only):
Ticket Price: $_______________________ Estimated Income: $___________________________
Projected Expense of Event: $_____________________ Estimated Donation: $____________________

Is Gaylord the only beneficiary of the event? ☐Yes  ☐No
If you answered “No”, list the names of the other charities and the extent they will benefit.
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________
_______________________________________________________________________________________________________

Please make checks payable to: Gaylord Hospital, Inc. (Indicate the name of the event on the check in the memo section)

Please indicate the approximate date the check will be submitted:_______________________________
(Within 90 days of the event)

Gaylord must review all materials in which our name or logo appears. If you do not have our logo, please request the file. (Due to low resolution/quality, please do not use a version cut/pasted from our website)

I have read and agree to abide by the event policies and procedures as set forth by Gaylord. The details of the event are true to the best of my knowledge and I will immediately notify Gaylord if there are any changes.

Signature:_________________________Date:____/____/____