Baptist Hospitals of Southeast Texas FOUNDATION
Performing Sacred Work Every Day

Individual/Family/Group/or School Fundraiser Partnership Proposal Form

Thank you for your interest in partnering with the Baptist Hospitals of Southeast Texas (BHSET) Foundation! You are vital to our mission of Sacred Work, providing exceptional care, comfort, and relief to patients throughout our community all while drawing friends and family together around a common cause. All proceeds from your event will remain 100% local to benefit the cause you select.

Please let us know if you are planning to fundraise to donate to the Foundation! The Foundation review committee evaluates all proposals to ensure alignment with our mission, branding guidelines, and scheduling constraints and help you make your fundraiser a success! This form is the first step. Please submit via email or mail to the Foundation office.

1. CONTACT INFORMATION

- **Contact Person Name & Title:** _____
- **Organization/School or Group, if applicable:**_____
- **Mailing Address:** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Social Media/Website:** _____

2. PARTNERSHIP OR EVENT OVERVIEW

- **Proposed Fundraiser Name:**_____
- **Proposed Date(s):** _____
- **Location of Fundraiser:** _____

Give a short description of the event_____

_____

_____

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How are donations raised? Check all that apply

[ ] Donations Collected at the Event [ ] Ticket Sales [ ] Online Donations
[ ] Sale of product or service [ ] Other

Date Donation Will Be Submitted: _____ *(Funds should be submitted no longer than 30 days of after campaign completion)*

3. FINANCIAL & DESIGNATION DETAILS

Fund Designation, if applicable.

[ ] Oncology Relief [ ] Behavioral Health [ ] NICU
[ ] Chaplains [ ]Partners in Caring [ ] Residency Wellness
[ ] Oncology Relief [ ] Behavioral Health [ ] Area of Greatest Need
[ ] Specific Capital Campaign_____
[ ] Other Specific Program or Need *(Please specify)*: _____

Easy Money Tip - For individuals, please check and see if your company matches donations. If they do, you could double your donation with no extra effort!

4. MARKETING & PROMOTION

Requested Foundation Support:

[ ] Use of BHSET Foundation branding - all partner events will state **"Proudly benefitting Baptist Hospitals of Southeast Texas (BHSET) Foundation"** any use of the name, photo, logo or likeness of the Foundation must be approved prior to use.
[ ] Help publicize by sharing a post on social media
[ ] Foundation representative attendance at event/check presentation *(Subject to availability)*
[ ] Educational materials/brochures about the designated fund or project

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5. ACKNOWLEDGMENT & SIGNATURE

By signing below, the organizing individual or group agrees to the following conditions:

1. The BHSET Foundation must approve the event before any promotion.
2. The BHSET Foundation must approve all promotional materials incorporating its name or logo prior to production, printing, or public distribution.
3. The organizing individual or group is responsible for obtaining any necessary permits, licenses, or insurance required to legally conduct the event or campaign.
4. **The organizing individual or group is responsible for all expenses incurred**; the BHSET Foundation cannot underwrite or assume financial liability for third-party events.

Printed Name and Title if applicable: _____

Authorized Representative Signature: _____

Date: _____

Please return this completed form to:
Baptist Hospitals of Southeast Texas Foundation
3120 Fannin Street
Beaumont, TX 77701

Email: Rhoward@bhset.net

Phone: 409-212-6113

We are grateful for your partnership and look forward to working with you to create an event that reflects our values, garners public support, and benefits our community!