

Cape Cod Healthcare, Inc. Cause Related Marketing Proposal Form

Thank you for your interest in selecting Cape Cod Healthcare as the beneficiary of your cause-related marketing promotion. As our region's non-profit healthcare provider, Cape Cod Healthcare depends on philanthropic support from our community. We are truly honored that you have selected us and we are grateful for your efforts. Thanks to you and other generous donors, Cape Cod Healthcare is able to offer a full spectrum of care through Cape Cod Hospital, Falmouth Hospital, the VNA of Cape Cod, and our many other health care providers and affiliates.

Before proceeding, please read Cape Cod Healthcare's policies and procedures for holding a cause marketing event, which should help to ensure you have a successful event. All cause marketing promotions to benefit Cape Cod Healthcare must also comply with all applicable state laws as well as the Better Business Bureau's Standards for Charity Accountability.

Please note, CCHC must review and approve this proposal before proceeding with a signed contract.

Email the completed application to Jennifer Lutz at jgaskins@capecodhealth.org or mail to PO Box 370, Hyannis, MA 02601. You will be contacted within 5-7 business days after proposal is received, thank you!

Are you employed by CCHC: Yes No

Date Submitted: _____

Sponsor(s) of Promotion

Primary Contact & Title

Address

City/State/Zip

Email

Phone

Website

Event Name

How You Plan to Fund-raise

Please itemize your sources of income (check all that apply):

- Percentage of Profits
- Flat Contribution
- All Profits
- Other: _____

Event Details:

- Event Dates: _____
- Event Times: _____
- Location: _____
- Event Website: _____

How do you plan to publicize your promotion? Please explain outreach materials (i.e. web pages, advertisements, etc.)



CAPE COD HEALTHCARE

Expert physicians. Quality hospitals. Superior care.

Please describe how our name and logo will be used (prior approval required of all materials listing our name and/or logo):

What is the contribution you hope to raise net of expenses?

How and when will you be sending the contribution to us?

Please choose one of the following:

- I would like the proceeds of my event to go to the area of greatest need
- I would like the proceeds of my event to go to: Cape Cod Hospital Falmouth Hospital VNA of Cape Cod
 Program/Service : _____

Would you like CCHC informational brochures: Yes Qty: _____ No

Would you like to use the CCHC Logo: Yes No

***All flyers and promotional materials MUST be approved in advance by CCHC before distribution.**

I have read and understand Cape Cod Healthcare’s policies and procedures for holding a Cause Marketing event.

Signature: _____

Date: _____

Print Name: _____

FOR CAPE COD HEALTHCARE USE ONLY:

DATE RECEIVED: _____ REVIEWED BY: _____

RECOMMENDED

NOT RECOMMENDED

RECOMMENDED WITH SUGGESTED CHANGES



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