



University of Michigan Health System Department of Internal Medicine Fundraising Guidelines

Thank you for your interest in raising funds for the University of Michigan Health System Department of Internal Medicine. We are grateful for your gift of both time and fundraising dollars. Before you plan your event, please review the Fundraising Guidelines, and submit the Fundraising Application for review no later than eight (8) weeks prior to the proposed event. Until written approval is received, please do not use the name University of Michigan Health System Department of Internal Medicine for any purpose. Please allow ten (10) working days from the receipt of your application for written response.

1. All fundraising events for the University of Michigan Health System Department of Internal Medicine require specific, written approval from the Development Department in advance.
2. Public announcements or promotions of this event must not be made until written approval for the event is received.
3. Events should reflect the appropriate image for the University of Michigan Health System Department of Internal Medicine.
4. Fundraising events must comply with relevant laws, including laws of the State of Michigan.
5. University of Michigan Health System Department of Internal Medicine cannot endorse fundraising events or products. Promotional materials shall state that "Proceeds will benefit the University of Michigan Health System Department of Internal Medicine." This statement may be expanded to include the name of a specific program (example: "Proceeds will benefit the University of Michigan Health System Department of Internal Medicine Myositis Research fund.")
6. Upon request of trademark use, all promotional materials on which said trademark are used are subject to pre-approval by the Stewardship Officer. "Trademark" includes, but is not limited to: the "Block M," the University of Michigan, the University of Michigan Health System, etc. Furthermore, names of University faculty and staff can only be used with advance written permission.
7. The University of Michigan Health System Department of Internal Medicine must review all promotional materials before use.
8. If circumstances warrant, University of Michigan Health System Department of Internal Medicine may at any time through any of its senior administrators or Development Department opt out of association with the event. The University and its facilities and hospitals will incur no liability for any such cancellations. Written documentation will be prepared to the events coordinators why the University of Michigan will be removed from the event.
9. The University of Michigan Health System Department of Internal Medicine agrees to promote the event/organization, when appropriate, through exposure through websites and printed materials.
10. A hospital representative may be able to attend your fundraising event. To inquire about the University of Michigan Health System Department of Internal Medicine employee representation including faculty and staff, please contact Emily Chartow at 734-998-7012 three (3) weeks prior to the event.



**University of Michigan Health System
Department of Internal Medicine
Fundraising Application**

Contact Information

Name: _____
Title: _____
Company/Organization: _____
Address: _____ City, State, Zip: _____
Telephone: _____ Fax: _____
E-Mail: _____ Website: _____

Event Overview

Name of event: _____
Please provide a brief description of your event (attach another sheet if necessary):

Event Logistics

Location of event: _____
Date(s) and Time(s) of event: _____
Methods of raising funds, including fees charged:

Will you be advertising or publicizing this event: _____
Target audience: _____
Estimated attendance: _____

What are your expectations of Internal Medicine? (Staff representation at the event, promotional materials, press coverage, etc.): _____

Note: We will do our best to accommodate staff representation if requested, but cannot guarantee attendance.

Use of Funds

Please write where you would like the donated funds to be used:

I agree that the information provided in this document is accurate, and further agree to the terms set form in this document.

Signature: _____ **Date:** _____

All proceeds for the event(s) shall be delivered to the Department of Internal Medicine University of Michigan Health System within sixty (60) days of the event.

Thank you for your interest in raising funds for the Department of Internal Medicine. You will be notified within ten (10) days of receipt of the application. Please be aware that further clarification may be needed prior to approval.

Mail completed form to: Emily Chartow, Stewardship Officer, University of Michigan Health System, Department of Internal Medicine, 301 East Liberty, Suite 400, Ann Arbor, MI 48104-2251. Fax to 734-998-8821, Attention: Emily Chartow.