Thank you for making a difference!

Thank you for your interest in having an event to benefit OSF HealthCare Children’s Hospital of Illinois. Our Mission is to serve all of God’s children with the greatest care and love. Without ambassadors like you, this important work cannot happen. Every gift of time, talent and financial assistance helps us make everyday miracles a reality. Together, we can create a Miracle Movement!

When you join the Miracle Movement, you are giving children a better future. With your help we can continue to meet the needs of every family that comes through our doors. Beyond our specially trained staff and life-saving medical equipment, your fundraiser helps us provide full-time teachers, fun activity rooms, nutritionists and dieticians, child-life specialists and so much more.

This toolkit offers you information on planning and hosting a fundraising event to benefit Children’s Hospital of Illinois. Please read all information carefully and submit the Miracle Movement event registration form located at the back of this packet to OSF HealthCare Foundation. A member of our Foundation team will contact you within two weeks to discuss your efforts to help our community’s youngest patients.

Thank you for joining our movement!

Amber Waibel
Event Coordinator, OSF HealthCare Foundation
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Introduction

What is the Miracle Movement?
The Miracle Movement is a community fundraising program that benefits the patients and families of Children’s Hospital of Illinois, in Peoria. Events are an opportunity for members of the community to get involved with the hospital and create lasting impact on the children and families we serve. Every event, no matter the size, drives our movement forward to create more miracles every day.

Who can host a fundraising event?
Any individual or group can host a Children’s Hospital of Illinois fundraising event. We welcome all schools, businesses, families and foundations that are interested in hosting community fundraisers to support the hospital.

How will this toolkit help me?
This toolkit is designed to help you plan and execute a successful event within Children’s Hospital of Illinois guidelines. From creating your committee and organizing your event to templates and forms, it is a complete planning guide that allows anyone to be an effective fundraiser for Children’s Hospital of Illinois.

Where will our donations go?
Your event helps support the most urgent needs at Children’s Hospital of Illinois, including the purchase of medical equipment, expansion and renovation of our facilities, and supportive services for the emotional well-being of our patients and families. There are many specialties, programs and services at Children’s Hospital of Illinois that your donation can support. If you have a specific passion for a specialty, we will work with you to ensure your donation goes directly to that area. A few examples of where your donation can help:

- Neonatal Intensive Care Unit
- Critical Care
- Congenital Heart Center
- Oncology
- Surgical Advancement
- Diabetes Resources
- Patient and Family Centered Care
- Healthy Living
- Simulation and Innovation
- Almost Home Kids
Let the planning begin

Form your committee
We recommend creating a committee to help plan your event. Committee members should be passionate about joining the Miracle Movement and raising money for Children’s Hospital of Illinois. Your committee will be the driving force behind your event. The first task is to brainstorm ideas for your fundraiser as well as pick a date and time. You will also be responsible for answering questions such as: Who will be in charge of each task? What deadlines need to be met? How do we cover expenses? What will the schedule of the event look like? Will the event need volunteers?

Essentially, your committee is responsible for all event logistics.

Register your event
Before planning begins, we request you complete and submit a Miracle Movement event proposal form. We highly recommend doing this at least three months in advance of your event date. Within two weeks of submission, a member of our OSF HealthCare Foundation team will contact you to discuss your event plans. A registration form is located in the forms and templates section at the end of this packet.

Manage your event budget
The committee is in charge of your event budget and is responsible for all event expenses. You will need to identify expenses and possibly secure funding (in-kind donations) to cover costs. You may also choose to solicit sponsors for your event. We recommend you maintain fundraising costs at 20 percent of your budget.

For many events, you might choose to establish a bank account to accommodate incoming revenue and expenses. The account must be opened in your event’s name. Children’s Hospital of Illinois does not permit a third party to establish a bank account in its name.

OSF HealthCare Foundation is a 501(c)(3) organization and, per IRS regulations, your donation is tax deductible to the extent allowed by law.

You must contact the OSF HealthCare Foundation before approaching any high-level potential sponsor ($5,000+). We have a number of corporate partners who have invested in the success of established programs. Many sponsors agree to a year-round partnership with the understanding that new programs will be proposed and coordinated within their agreements only by the Foundation team.
How Children’s Hospital of Illinois can help

For all fundraisers, we can:

• Offer advice on event planning
• Approve use of our logo, when appropriate
• Help you direct your gift at the hospital
• Provide a letter of endorsement used to validate the authenticity of your event
• Provide a W-9 for businesses making a gift directly to OSF HealthCare Foundation
• Promote event on our website
• Include event information in the monthly Foundation eNewsletter

There may be limitations in regard to marketing your event if it could potentially impact an existing initiative. The Foundation team reserves the right to limit the amount of PR/advertising/marketing for an event.

Unfortunately, we cannot:

• Provide our sales tax exemption number
• Guarantee event attendance of patients, physicians or staff
• Distribute mailing lists of donors or vendors
• Provide insurance or liability coverage
• Offer Children’s Hospital of Illinois stationery or create marketing materials
• Financially support or reimburse you for expenses
Fundraising ideas

- 3-on-3 basketball tournament
- Golf outing
- 5K run/walk
- Ice cream social
- Bags tournament
- Lemonade stand
- Bake sale
- Luau
- Basket raffle/auction
- Mini triathlon
- BBQ/cookout
- Music concert
- Car wash
- Office dress casual day/jeans day
- Carnival
- Oscar party
- Coin drive
- Restaurant or retail promotion
- CrossFit games
- Scavenger hunt
- Dance marathon
- Sports tournament
- Dodgeball tournament
- Super Bowl party
- Farm to table dinner
- Talent show
- Fashion show
- Taste the Town
- Fishing derby
- Toy drive
Amplify your message with social media

• Don’t be shy! Tell your friends and family why Children’s Hospital of Illinois is important to you. Make sure you let them know the time, date and location of the event and specific details on how they can sign up and donate.

• Be consistent! Make your followers excited to learn more about your event. Create a buildup with consistent posts before you event. Don’t forget to share details, pictures, fundraising totals and more after your event.

• Share the details! Each post doesn’t need to include an ask. Consider creating posts that feature a sponsor, announce a food vendor or spotlight the cause.
Wrap up

Donation submission
Children’s Hospital of Illinois must receive the proceeds from your event within 15 days of the conclusion of the event.

Checks should be made payable to: Children’s Hospital of Illinois

Proceeds should be mailed to:
OSF HealthCare Foundation
Attn: Amber Waibel (Event name)
530 NE Glen Oak Ave
Peoria, IL 61637

Once we receive your donations, a tax receipt will be sent from OSF HealthCare Foundation.

Say thank you!
Show your appreciation by sending thank-you letters to everyone who participated, supported or volunteered at your event. Also, don’t be shy about sharing your thanks on social media.

Thank You
Frequently asked questions

When will we know when our event is approved?
Once you submit your event proposal form, our team will review your information. Within two weeks a Foundation member will contact you.

Can someone from Children’s Hospital of Illinois or the Foundation help plan and promote our fundraising event?
We can provide guidance for your event, but we do not have the resources to handle organizational and administrative tasks associated with planning and promoting your event.

Can we use Children’s Hospital of Illinois’ tax exemption number?
Because Children’s Hospital of Illinois is not hosting your event, it is considered a third-party event. No third-party event is able to use the hospital’s charitable classification, federal tax ID number or tax-exempt certificate. We can provide a W-9 for businesses making a gift directly to OSF HealthCare Foundation.

Can we use the Children’s Hospital of Illinois name and logo?
Once your event is approved, we will provide you with the hospital logo for your marketing materials stating that proceeds will benefit the hospital. Anything with Children’s Hospital of Illinois name or logo must be approved by the Foundation prior to printing and distribution.

Will you provide insurance for our event?
Children’s Hospital of Illinois cannot provide insurance for third-party events.

How do I open a bank account for my event?
If you need to open a separate bank account for your event, it must be opened in the event’s name. Children’s Hospital of Illinois does not allow a third party to open a bank account in their name. The event organizer/committee is responsible for all event expenses.

Will you provide patient families or staff to attend our event?
Due to health care privacy regulations, we cannot release names or any information pertaining to patient families. However, there are thousands of former and current patient families all throughout Illinois and surrounding locations. You, your business, church or social group likely has a connection to one of these families and could reach out personally to extend an invitation.

Because of the larger number of events planned benefitting Children’s Hospital of Illinois, our limited staff is generally unable to attend Miracle Movement events.

Where do we send proceeds?
Checks should be made payable to: Children’s Hospital of Illinois
Proceeds should be mailed to:
OSF HealthCare Foundation
Attn: Amber Waibel (Event name)
530 NE Glen Oak Ave
Peoria, IL 61637

Can OSF HealthCare Foundation issue tax receipts to donors?
Yes. OSF HealthCare Foundation will issue IRS compliant charitable tax receipts to the full extent of the law only if there are no benefits received in return (e.g. money for T-shirts sales, bake sales, etc.), the gift is made payable directly to Children’s Hospital of Illinois, and detailed address information for the donor is provided. Issuing an inappropriate receipt can put our charitable tax status in jeopardy; please do not promise any kind of receipts. Tax receipts will not be issued to donors or sponsors who make payments directly to your third-party event.

To guarantee your donor gets a receipt, please be sure their check is made out to Children’s Hospital of Illinois.

Can we direct our funds raised to a specific area of the hospital?
Absolutely! There are many areas you can designate your funds to. If you have a specific passion for a specialty, we will work with you to ensure your donation goes directly to that area.

• Neonatal Intensive Care Unit
• Critical Care
• Congenital Heart Center
• Oncology
• Surgical Advancement
• Diabetes Resources
• Patient and Family Centered Care
• Healthy Living
• Simulation and Innovation
• Almost Home Kids
OSF HealthCare Children’s Hospital of Illinois

A health care partner that is...

**Capable**

- 136 inpatient beds, including a 32-bed pediatric critical care unit and 72-bed neonatal critical care center
- Full scope of services, including more than 115 pediatric specialists representing 40 pediatric subspecialities
- Largest pediatric teaching facility for the University of Illinois College of Medicine at Peoria
- Serves 18,000 babies and children in our emergency department each year
- Oldest St. Jude Children’s Research Hospital affiliate in the U.S., founded in 1972 and only affiliate in Illinois
- Member of Children’s Oncology Group
- Member of Children’s Hospital Association Quality Improvement Programs
- Member of the Vermont Oxford Network and part of the Quality Improvement Neonatal Collaborative since 1995
- Member of Children’s Hospitals’ Solutions for Patient Safety
- One of the nation’s first pediatric laparoscopic surgery programs
- Cares for critical patients – more than 60 percent of children admitted require placement in critical care units

**Committed**

- Third largest pediatric provider in Illinois
- Ensures access for all children, regardless of ability to pay
- Level III Perinatal Center serving 25 hospitals in downstate Illinois
- Most comprehensive downstate perinatal center offering pediatric cardiovascular surgery, extracorporeal membrane oxygenation, and fetal evaluations
- First state-designated Level 1 Pediatric Trauma Center in downstate Illinois
- State-designated Pediatric Critical Care Center
- Certified as an Emergency Department Approved for Pediatrics
- Only Congenital Heart Center in downstate Illinois
- Only Pediatric Cardiac Surgery program in Illinois outside Chicago
Compassionate

• Patient and family-centered care
• First Family Advisory Board and Kids Advisory Board in Illinois
• Family Resource Center
• Hospital-based schoolroom with two full-time teachers
• Pediatric wellness outreach programs
• SAFE KIDS Worldwide site and Injury Free Coalition for Kids
• Pediatric After Hours Clinic
• State Resource Center for special-needs child passenger safety
• Child Life services on all pediatric floors, in radiology, emergency department and ambulatory surgery

Comprehensive

Pediatric Medical Programs

• Adolescent Medicine
• Allergy
• Audiology
• Bleeding and Clotting Disorders
• Cardiology
• Child Abuse Pediatrics
• Critical Care
• Cystic Fibrosis
• Developmental Pediatrics
• Diabetes
• Eating Disorders
• Emergency Medicine
• Endocrinology
• Epileptology
• Gastroenterology
• Genetics
• Hematology/Oncology
• Hospitalists
• Infectious Disease
• Life Flight
• Maternal-Fetal Medicine
• Neonatology
• Nephrology
• Neurology
• Neuropsychology
• Neuroradiology
• Obesity
• Psychiatry
• Psychology/Behavioral Health
• Pulmonology
• Rehabilitation
• Radiology
• Rheumatology
• Sedation/Analgesia
• Sleep Disorders
• Supportive/Palliative Care
• Trach/Home Ventilator
• Voice and Swallowing Disorders

Pediatric Surgical Specialty Services

• Anesthesiology
• Cardiovascular/Thoracic
• Congenital Diaphragmatic Hernia
• Dentistry
• General
• Neurosurgery
• Ophthalmology
• Orthopedic
• Otolaryngology (ear, nose and throat)
• Plastic and Reconstructive Surgery
• Spina Bifida
• Trauma
• Urology
THIRD-PARTY EVENT FUNDRAISING REGISTRATION FORM
OSF HEALTHCARE CHILDREN’S HOSPITAL OF ILLINOIS

Thank you for your interest in raising money for OSF HealthCare Children’s Hospital of Illinois. We appreciate your efforts to support our hospital.

To register, please read through our guidelines and submit this form:

• Online: osffoundation/fundraising
• Email: amber.r.waibel@osfhealthcare.org
• Mail: OSF HealthCare Foundation, Attn: Amber Waibel, 530 NE Glen Oak Ave, Peoria, IL 61637

Name of event: ____________________________________________

Location of event: _________________________________________

Address: _____________________________________________________________________________________________

City: ___________________ ZIP code: __________

Date of the event: __________________________

Lead organizer name: ___________________________ Phone number: ________________

Email address: ________________________________

Business affiliation (if applicable): _________________________________________________________________________________

Describe event details: ____________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

Do you or one of your committee members have a connection to Children’s Hospital of Illinois? How did you become interested in hosting a Miracle Movement event? _________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

OSF HealthCare
Children’s Hospital of Illinois
Do you intend to use the Children’s Hospital of Illinois name and/or logo in your advertising?

☐ Yes  ☐ No

(The Children’s Hospital of Illinois logo and name cannot be used without permission. Items using them must be approved by OSF HealthCare Foundation prior to production and distribution.)

Please check all that apply:

☐ Children’s Hospital of Illinois has permission to mention this event in its newsletter, to its guests and to other supporters.

☐ Children’s Hospital of Illinois has permission to use any photographs that may be taken during this event in its newsletter and in other marketing and promotional materials.

☐ I/We would prefer to remain anonymous. Please do not mention this event or use any photographs in newsletters or any public relations materials.

Children’s Hospital of Illinois reserves the right at any time to withdraw its support of your event and the use of Children’s Hospital of Illinois name and logo. If the event is cancelled, the organizer will notify Amber Waibel (Foundation Event Coordinator) within three days of cancellation.

___________________________________________  _______________________________________________
Lead Organizer                              Date               Children’s Hospital of Illinois Event Coordinator                 Date

Miracle Movement

OSF HealthCare
Children’s Hospital of Illinois
THANK YOU!

Date:

Name:
Address
City, State, ZIP code

Dear [NAME],

Thank you for [PARTICIPATING/VOLUNTEERING/SPONSORING] at the [EVENT NAME] event on [DATE]. We had a great time raising money to benefit the children and families of OSF HealthCare Children’s Hospital of Illinois. Our event was a success because of you! Your generosity helped us raise more than [DOLLARS RAISED] for this worthwhile cause.

The hospital could not do what it does without your generous support. Every gift of time, talent and sponsorship for special events helps Children’s Hospital of Illinois make everyday miracles happen. Together we are creating a Miracle Movement. Thank you!

Sincerely,

[YOUR NAME]