The Ohio State University Wexner Medical Center

Community and Corporate Partners





THE OHIO STATE UNIVERSITY

Community and Corporate Partners



The Ohio State University Wexner Medical Center is grateful to all groups interested in supporting our endeavors in education, patient care and research. We want your event/initiative to be a success. Please carefully review the following policies, guidelines and support levels, which have been designed for the protection of both the fundraising group and/or individual and the Medical Center. Please call the development office should any questions arise while planning your event/initiative.

The Ohio State University Wexner Medical Center includes: the Wexner Medical Center, The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, Harding Hospital, Primary Care Network, our Ambulatory areas (such as our CarePoint facilities), the Richard M. Ross Heart Hospital, University Hospital and University Hospital East, as well as all related brands and funds.

DEFINITIONS

Community Partners - Any company, organization, or individual who is raising money on behalf of Ohio State's Wexner Medical Center through a fundraising initiative is a Community Partner. Fundraising activities can include but are not limited to events, special initiatives, promotions, and other means of raising funds/proceeds to support Ohio State's Wexner Medical Center mission.

Corporate Partner/Cause Marketing Relationship - Any business or organization that is promoting a product, event or service as benefiting Ohio State's Wexner Medical Center to the public through in-store or media marketing and public relations tactics.

CONTACT US

Please contact us by calling the Medical Center's development office at 614-293-4927 or e-mailing us at communitypartnerevents@osumc.edu.

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Before Your Event

PARTNERSHIP GUIDELINES

Approval – Ohio State's Wexner Medical Center Development and Marketing offices must approve all Community Partner activities between the Medical Center, its funds and any corporation/organization or donor.

Criteria – As a general rule, fundraising activities approved by the Medical Center should:

- have as their primary goal be the promotion of a healthcare-related cause;
- promote a product and/or service that is beneficial to the consumer;
- support the mission and values of Ohio State's Wexner Medical Center;
- adhere to the Medical Center's branding identity and standards;
- have a positive impact on the Medical Center's reputation; and
- generate sufficient revenue to justify the commitment of the Medical Center's resources.

Right of Refusal – Ohio State's Wexner Medical Center reserves the right to deny any request for a special event/fundraising initiative that does not appropriately reflect the mission and values of the Medical Center or a positive image of the Medical Center. Representatives of the Medical Center may not approve a cause-related marketing relationship if:

- the event/initiative also benefits other organizations;
- the event/initiative would potentially conflict with existing Medical Center philanthropic relationships;
- the event/initiative would conflict with a marketing or public relations campaign;
- entering into a relationship constitutes a real or perceived conflict of interest for Ohio State's Wexner Medical Center (for example events/initiatives involving telemarketing or door-to-door solicitation);
- the event/initiative asks for the use of names and/or stories of Ohio State's Wexner Medical Center patients for use in promotion;
- events/initiatives that fail to comply with any municipal, county, state and/or federal law;
- events/initiatives that involve promotion of a political party, candidate, or appears to endorse a political issue(s); and
- the event/initiative would require any source of funding from Ohio State's Wexner Medical Center.

Exceptions to the above may be granted on a case-by-case basis under consideration of extraordinary circumstances.

Right to Terminate Relationship – Ohio State's Wexner Medical Center reserves the right to terminate any Community or Corporate Partner relationship at any time.

Other Beneficiaries and Partners – Ohio State's Wexner Medical Center must be notified in advance if another organization(s) will also benefit from this event/initiative, or if any other organization(s) will participate in the fundraising activity.

Tax ID – Ohio State's Wexner Medical Center is not able to provide its foundation tax ID number to any community partners planning events/initiatives to benefit the Medical Center. In addition, please do not represent to the public that your event/initiative benefits from any tax-exempt rights or privileges as a result of your relationship with Ohio State's Wexner Medical Center. However, Medical Center Development can provide you with a letter of intent, confirming to any potential sponsors or donors that we are aware of your event/initiative and that the proceeds will be supporting the Medical Center.

Product Approval – If a product is being sold or distributed for benefit of Ohio State's Wexner Medical Center, or its funds, a sample of the product is required for approval from the development office and marketing department. If using an Ohio State logo or trademarked identity, these items must have approval before production from Ohio State Trademark & Licensing. Please submit the product at least 4 weeks prior to production for approval. Please note that not all philanthropic initiatives will be approved to use Ohio State trademarks. For more information, contact Ohio State's Trademark and Licensing Office at osutls@osu.edu or 614-292-1562.

Services Approval – If a service is being marketed to consumers and a donation made to Ohio State's Wexner Medical Center as a result, approval from Development and Marketing must be obtained at least four weeks prior to promotion of the initiative.

Exclusivity – The arrangements made between Ohio State's Wexner Medical Center and you or your organization creates no exclusive rights with this event/initiative because the Medical Center may be the recipient of funds from its participation in other similar events/initiatives.

Permits – Ohio State's Wexner Medical Center cannot be involved in any manner with permits that include the use of our name.

Liability – Ohio State's Wexner Medical Center is not liable for any injuries sustained by event coordinators, volunteers or participants related to an event/initiative benefiting the Medical Center, and cannot assume liability for your event.

EVENT GUIDELINES

Silent Auctions – Silent auction items should each be valued at the fair market value. This value must be listed on the bid sheet at the auction table or included in any printed list of auction items, including live auction item descriptions.

- Items valued at \$5,000 or more require a qualified appraisal by a qualified appraiser, per IRS guidelines.
- If an item is not valued, or valued as priceless, the final auction bid establishes the item's fair market value, therefore no portion is tax deductible.
- Fair market value of the item must be disclosed in order to provide gift credit. The charitable portion is that above the fair market value.
- Due to the large number of requests, Ohio State's Wexner Medical Center will not provide items for silent auction.

EVENT / INITIATIVE MARKETING AND PROMOTIONS GUIDELINES

Event/Initiative Marketing - The community partner/organizer is responsible for marketing and promoting the event/initiative including; media, press releases, posters, flyers and advertising.

Approvals – All materials and publicity must be approved by Ohio State's Wexner Medical Center Marketing department prior to printing or production. This includes any TV or radio ads, scripts or art, press releases, posters, flyers and advertising.

Marketing Plan – If the community partner is implementing a marketing and publicity plan around an event or initiative, a plan outlining how any Ohio State's Wexner Medical Center branding, logos and marks will be used must be submitted four weeks in advance.

Disclosure – Publicity may not suggest that the event/initiative is being sponsored, cosponsored or produced by the Ohio State's Wexner Medical Center, but must clearly state that Ohio State's Wexner Medical Center is the beneficiary. The corporation/organization must clearly disclose in all promotional materials that proceeds from the promotion will benefit Ohio State's Wexner Medical Center, as stipulated by the Development and Marketing offices. Per Ohio law, all promotional materials should disclose the exact amount benefiting Ohio State's Wexner Medical Center. This is also done to help ensure all references to the Medical Center are in compliance with our branding standards, as well as meet regulatory guidelines, providing a transparent view of the relationship to the public.

Logo/Photo/Mark Use – Logo use is not permitted without approval from Marketing. This includes downloading logos from hospital web sites. In order to use logos, photos or marks of Ohio State's Wexner Medical Center or its related funds, we ask that:

- a minimum donation of \$10,000 regardless of sales (special considerations for the Ohio State's Wexner Medical Center logo use may be made for higher-profile relationships or relationships that utilize \$10,000 or more to promote the event, products, or services);
- all use of Ohio State's Wexner Medical Center logos, photos, names and marks must be approved prior to use through the Communications and Marketing Department. This use will only be approved for use by a third party for a specific amount of time and for a specific purpose, unless otherwise agreed.

Ohio State's Wexner Medical Center will provide proper terminology for use in any promotions for cause-related marketing donations under the \$10,000 threshold.

Endorsement – Ohio State's Wexner Medical Center cannot "endorse" any product and/or service, and may require a corporation/organization to include language stating this in any promotion.

Access to Medical Center Employees and Patients – To maintain patient, donor and employee confidentiality, Ohio State's Wexner Medical Center cannot provide any internal mailing/donor lists to a third-party corporation/organization and is unable to mail information on behalf of the event/initiative.

Event/Initiative Promotion at OSUMC – Ohio State's Wexner Medical Center can often assist in promoting your event/initiative through selected internal communication opportunities to our faculty and staff, depending on your Level of Support (see page 11). However placement cannot be guaranteed. If you would like your event/initiative information submitted to these publications, a press release or an event fact sheet is required 4 weeks prior to your event/initiative.

References to Medical Center Entities in Promotion - When referencing Ohio State's Wexner Medical Center or its' entities, please use the following as appropriate:

- The Ohio State University Wexner Medical Center used for events/initiatives benefiting the Medical Center. These funds can be discretionary or can be designated to a specific area (ex. diabetes).
- The Ohio State University Comprehensive Cancer Center Arthur G. James Cancer Hospital and Richard J. Solove Research Institute – used for events/initiatives benefiting the James.
 These funds can be discretionary or can be designated to a specific area (ex. lung cancer).
- Ohio State's Richard M. Ross Heart Hospital used for events/initiatives benefiting the heart program and the Ross Heart Hospital. These funds can be discretionary or can be designated to a specific area (ex. heart disease).
- The Stefanie Spielman Fund for Breast Cancer Research at The Ohio State University
 Comprehensive Cancer Center Arthur G. James Cancer Hospital and Richard J. Solove
 Research Institute used for events/initiates benefiting The Spielman Fund. All proceeds to
 the Spielman Fund benefit breast cancer research.

For information about funds or specific areas of interest, please contact the Office of Development at 614-293-9341.

At Your Event

STAFFING / EVENT REPRESENTATION

Speaking Requests – Speaking/Event Representation requests can be submitted by completing a speaking request form. Requests must be received 8 weeks prior to the event. A speaking request submission does not guarantee that a speaker/representative will be provided.

Volunteers – Ohio State's Wexner Medical Center is unable to provide event volunteers or staffing for community events. For events/initiatives with a commitment of \$250,000 or more, please see Levels of Support (see page 11) for detailed benefits.

Additional Support – Ohio State's Wexner Medical Center staff, including development and marketing, will be committed to assisting event/initiative organizers who have committed \$250,000 or who have shown in the past the ability for their event/initiative to produce at this level. Please see Levels of Support (see page 11) for additional information.

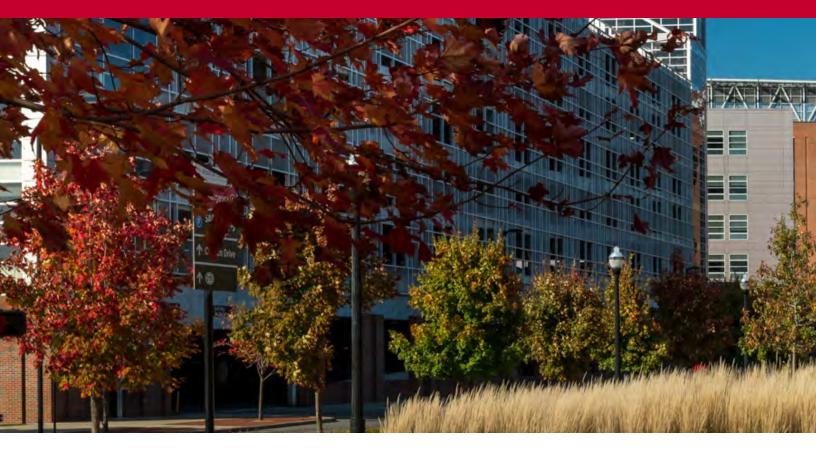
Celebrities – Ohio State's Wexner Medical Center is unable to provide "celebrities" (internal or external to the Medical Center or The Ohio State University) for promotional purposes.

After Your Event

DONATION SUBMISSION

- 1. Ohio State's Wexner Medical Center Development must receive the proceeds from your event/initiative no later than 8 weeks from the conclusion of the event/initiative.
- 2. If you have collected checks made out to Ohio State's Wexner Medical Center, these must be received within 4 weeks of the date on the check.
- 3. Please make your donation check out to the identified beneficiary (ex. The Earle and Jean Bruce Alzheimer's Research Fund, Ohio State's Wexner Medical Center, etc.).
- 4. Cash gifts and credit cards must accompany a donation transaction form, as provided in the back of these guidelines.
- 5. Each gift must include the value of any goods and services received as a benefit (cost/value of a ticket or meal, cost of golf, etc.). In addition, the fair market value of those goods and services must be communicated to the donor prior to their making a donation, and prior to them purchasing or registering for an event. Only gifts above the goods and services value are considered charitable.

- 6. Ohio State's Wexner Medical Center Development will credit/receipt whoever issues the check to the Medical Center.
- · If donations are deposited in an event/initiative bank account and subsequently donated in a single sum to the Medical Center, only the individual/organization whose name appears on the check will receive credit. Your event/initiative donors contributing in this circumstance should be made aware that their gift will not be acknowledged as a contribution to Ohio State's Wexner Medical Center. Extraordinary exceptions may be requested and require prior approval of the development office.
- If event/initiative donors would like to receive a tax receipt and/or credit from Ohio State, please have the individual donor make their check out to the identified beneficiary (ex. The Earle Bruce Alzheimer's Research Fund, OSU Medical Center, etc.).
- If the registration fees/donations need to pay for expenses from the event/initiative, and the event/initiative organizer(s) do not need to receive a tax receipt or Ohio State credit for the donation, but want the individual donors to receive the credit, one of the following must be done:
 - a. The donor should make two payments, one to the event/initiative to cover the expenses and one as a charitable donation to Ohio State's Wexner Medical Center.
 - b. The donor should make the payment to the event/initiative organizer(s). The event/ initiative organizer(s) then must track, photocopy and submit all copies of check payments or cash/credit card forms and submit one check from the event/initiative account with the above-mentioned documents attached. In addition, goods and services must be disclosed and the documents need to reconcile. Ohio State's Wexner Medical Center cannot assume who receives a tax receipt or Ohio State credit if the donation does not match the attached documentation.



LEVELS OF SUPPORT

The following support levels identify assistance provided by the Ohio State's Wexner Medical Center. The levels are based on expected proceeds from your single event/initiative. All new events/initiatives will receive benefits listed in the \$100 - \$4,999 range for the first year. Each level will receive all benefits of abovementioned lower levels (for example: Partner level will also receive the Friend and Supporter level support).

Supporter (\$1 - \$4,999)

- Fund or disease specific educational material, if available (ex. brochures or informational flyers)
- A line listing of the event/initiative on the Community Partners website page.
- Permission to use an Ohio State's Wexner Medical Center line listing as the beneficiary of your event, all listings are subject to approval by Medical Center Communications & Marketing Department prior to going public with the listing

Friend (\$5,000 - \$9,999)

- One promotional item to hand out at your event
- May submit a press release or event information sheet for submission in Ohio State's Wexner Medical Center internal e-newsletters (subject to space and approval)
- Event/initiative submitted for listing in internal publications at Ohio State's Wexner Medical Center (if you provide us with a press release or an event fact sheet)
- A link allowed from your event website to Ohio State's Wexner Medical Center website



Partner (\$10,000 - \$49,999)

- May submit a speaking request, if you would like an Ohio State's Wexner Medical Center representative at your event
- Permission to use Ohio State's Wexner Medical Center logo or photos (all items featuring the logo must be approved by Medical Center Marketing prior to going public with the communication)
- May request a Ohio State's Wexner Medical Center representative for a photo opportunity/ check presentation
- A social media post from Ohio State's Wexner Medical Center facebook page or Ohio State's Wexner Medical Center twitter of your event details

Champion (\$50,000 - \$249,999)

- Up to two promotional items to hand out at your event
- A jpeg of your logo and event listing on Ohio State's Wexner Medical Center website page with a link to your event website
- PR support with communications (ex. Writing of press release)
- Ohio State's Wexner Medical Center banner on-site for event
- Medical Center Development representation at your event (i.e. table, team, etc.)

Leadership (Over \$250,000)

- Staff person dedicated to the event/initiative; including development and marketing assistance
- A link on Medical Center website to your event website
- Fiscal assistance (if needed); including managing accounts receivable and accounts payable
- PR support (ex. submission of press releases to print and broadcast media by Ohio State's Wexner Medical Center)





Forms

EVENT/FUNDRAISING INITIATIVE INFORMATION FORM:

Use this form when applying to become a Community Partner, or when renewing your Community Partner relationship (for each year of an event or initiative).

DONATION TRANSACTION FORM:

This form must accompany any cash gifts or credit card payments sent to The OSUWMC after your event/initiative.

SPEAKER REQUEST FORM:

If you would like to request an OSUWMC representative to speak at your event, please submit this form 8 weeks prior to the date of the event.



EVENT/FUNDRAISING INITIATIVE INFORMATION FORM

Thank you for your support of Ohio State's Wexner Medical Center. Your support will help us further this mission of research, education and patient care.

Today's Date		
CONTACT INFORMATION:	:	
Company/Organization Nar	me	
Address		
City	State	Zip
		Contact Phone
Contact Email		Web site
EVENT/INITIATIVE INFORM	MATION:	
Event/Initiative Name		
		End Date
Location		Time
What specific fund/cause w	vill your event/initia	tive benefit?
Description of event/initiativ	ve to include your	expected fundraising activities
		ve?
riow do you plan to promot	ic the event/initiati	vC:
In what areas/markets will t	he event/initiative	be promoted?
		'
Please list any other compa	anies/organizations	s that will be involved in this event/initiative
Please let us know the exte	ent of any other co	mpanies'/organizations' involvement (i.e., financial,
promotional, production)		
Will The OSUWMC be the s	sole beneficiary? If	not, who else will benefit?
Portion of proceeds to bene	efit The OSUWMC	(per item or percentage)
What is the total expected of	donation?	
		ion?
Please provide a brief desc	cription of your eve	ent/fundraising initiative to help us promote it

AGREEMENT

The outside individual/organization agrees to:

- comply with the Community Partners and Cause Marketing Guidelines which are indicated in this document;
- seek prior approval of any use of Ohio State's Wexner Medical Center branding, logos, beneficiary statements, identity and standards and include language deemed necessary by representatives of Ohio State's Wexner Medical Center in all promotions;
- positively represent the Ohio State's Wexner Medical Center reputation;
- obtain approval from the Ohio State's Wexner Medical Center in appropriate time frames of all relevant products/services, promotions, marketing and advertisement of products/services; and
- be solely responsible for any tax obligations that may arise in connection with its event/initiative activities or sale of its products or services.
- indemnify The Ohio State University and all of its entities, their boards, officers and employees for the costs of any claims, lawsuits, judgments, settlements or losses of any kind that may arise out of the business practices of corporation/organization or its products or services.

Ohio State's Wexner Medical Center agrees to:

- assist with promoting the promotion through internal resources, as defined by our Levels of Support;
- provide appropriate donor recognition as defined by our Levels of Support;
- provide necessary language for promotional materials; and
- provide logos and artwork as appropriate and as defined by our Levels of Support.

Medical Center Representative	Community Partner Representative			
Logo use granted?				

Please email, fax or mail this completed and signed form to:

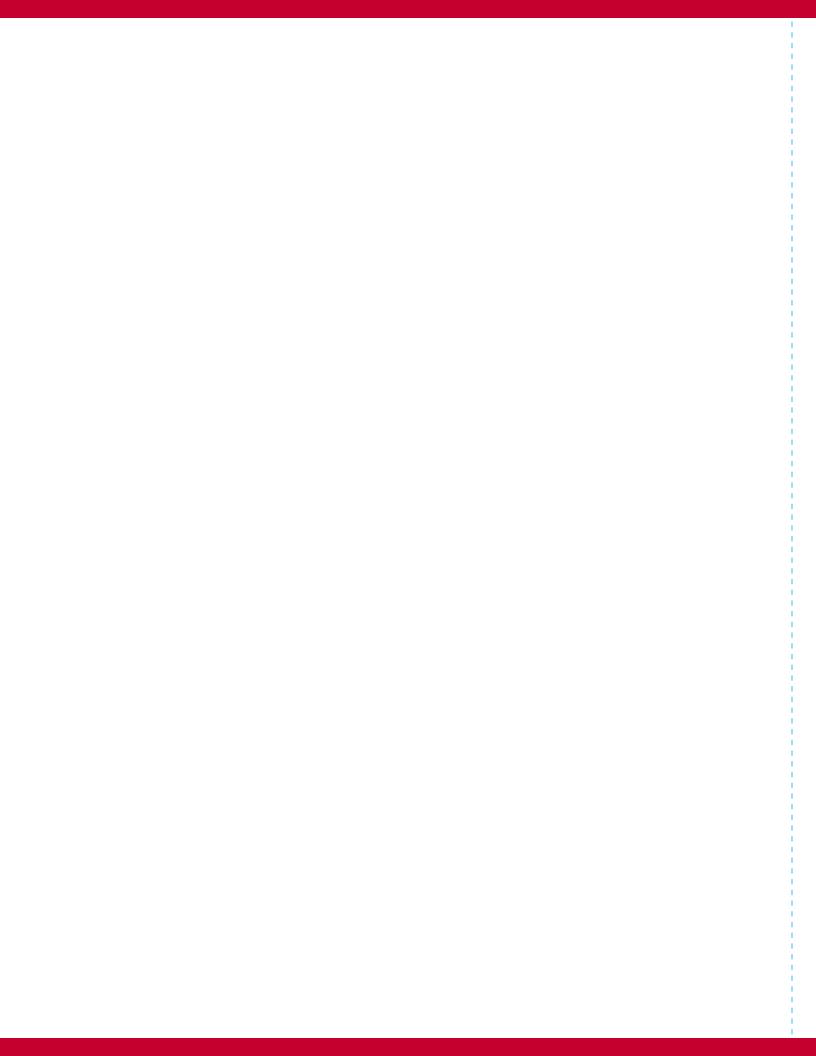
The Ohio State University Wexner Medical Center - Community Partners Program Medical Center Development P.O. Box 183112

Columbus, OH 43218-3112 phone: 614-293-4927 fax: 614-293-3754

email: CommunityPartnerEvents@osumc.edu

SPEAKER REQUEST FORM

Today's Date		
Event/Initiative Name		
		Zip
		Contact Phone
Contact Email		Web site
Who are you requesting	to speak?	
Date of the event		
What time does the requ	iested speaker start h	nis/her speech?
How long is the speaker	requested to speak?	
Where is the location of	the event/initiative to	be held?
How many people are e	xpected to attend this	s event?
Who is the target audien	ice?	
Will there be other spea	kers? If yes, who and	on what topic will they speak?
Will your organization pa	ay an honorarium? If so	o, please indicate the amount
Will your organization pa	ay for travel expenses	, including but not limited to, airfare, hotel, ground
transportation and meals	s?	
Do we need to provide a	a biography and photo	ograph of the speaker for promotional use?
AGREEMENT OF RESPO	ONSIBILITY:	
I/we the undersigned un	derstand that The Oh	io State University Medical Center or its
·		for any activity or action resulting from the efforts of
9		atives of the OSUWMC to approve all written copy,
·	9	the OSUMC' name and/or image, and/or logo, prior to
claims for damages or in		the OSUWMC and its representatives harmless for any
Signature:		Date:



DONATION TRANSACTION FORM

Please fill out one form per payment submitted to our Development Office so that the payment can be processed in a manner that is compliant with I.R.S. rules for charitable giving. Note that raffle tickets and the portion of a payment that is attributed to goods and services (i.e. meals, gifts, golf feee, fair market value of auction item,etc.) are not deemed as charitable giving. Only portions exceeding goods and services will be receipted.

Event Name						
Event Date						
DONOR INFORMATI	ON:					
Name						
Address						
City		St	ate		Zip	
Phone		Er	nail			
PURPOSE OF PAYM	ENT:					
Payment is for □ reg	gistration	□ raffle	□ donation	□ auction	□ proceeds from	the event
Goods and Services	Description _					
Fair Market Value of Q	payment: \$_					
(Amount of payment remitted	d less FMV)					
PAYMENT SUBMITTI	ED:					
Cash \$	Check \$		Check #		Credit Card \$ _	
Name as listed on cre	edit card					
Credit card number_					Exp. date	
Type of credit card	□VISA	□МС	□ DIS	С ДА	MEX	
Signature						

Note: A gift receipt will be issued for any donation above the fair market value.

The Ohio State University Wexner Medical Center

Office of Development – Community Partners Program 660 Ackerman Road P.O. Box 183112 Columbus, Ohio 43218-3112 CommunityPartnerEvents@osumc.edu

614-293-4927

go.osu.edu/communitypartners

