In-Kind Sponsorship

- In-kind sponsorship is defined as a donation of a product or service such as food, beverage, printing or silent auction items.
- WellSpan cannot solicit in-kind sponsors for your fundraising events or provide in-kind support from our Foundations or any other WellSpan entity.

Cancellation, Liability, and Changes

- You agree to indemnify and hold harmless WellSpan Health, York Health Foundation, Gettysburg Health Foundation, clinics, programs and all its officers, directors, and employees from any and all claims and liabilities in any way related to the event.
- You must immediately advise our Foundations of any material changes in your fundraising event.
- Fundraising events and programs must comply with all relevant state and federal laws.
- You will be responsible for furnishing liability insurance for all activities, list the Foundations as additional insured and provide a certificate of insurance to our Foundations at least 30 days in advance.

Things to Remember

- Complete and sign the event proposal form, then return it to our Foundations at least 90 days prior to your event.
- Establish goals that are realistic and measurable.
- Identify your audience.
- Plan a budget. Identify sources of income and all expenses. If you keep costs down you may generate a larger donation—something everyone will feel good about.
- All promotional and publicity materials must be approved by our Foundations staff to ensure that you are using the WellSpan Health name, logo and charitable language correctly.
- Collect the funds and submit the proceeds. We ask that all funds be forwarded to our Foundations within 30 days of the conclusion of the event. The list of event donors and their contact information must also be included.
- Until written permission is received, the name of York Health Foundation/Gettysburg Hospital Foundation, WellSpan Health hospitals, clinics or programs cannot be used for any purpose.
- The forms you submit for the event are only valid for that event. You must submit a separate form for each event even if you have already received permission in a previous year for the same or a similar event.

Thank you again for your interest in planning an event to benefit WellSpan Health hospitals, clinics, and programs. Philanthropic contributions such as yours help us to meet the special health needs of members of our community, and help to raise much needed dollars to educate people about the healthcare needs of our community. Our Events Specialists are always available to answer your questions or for guidance. Thank you!

York Health Foundation
(717) 851-2149

Gettysburg Hospital Foundation
(717) 337-4175
Thank you for your interest in planning an event or program to help raise much needed dollars to benefit the healthcare needs of our community. We encourage community members to support our programs, and look forward to working with you.

We ask anyone who is interested in planning an event or program that benefits a WellSpan hospital, clinic, or program to submit a completed and signed application (see attached), which is due at least 90 days prior to the event or program date. We ask for this information to ensure that the proposed event is consistent with our mission, vision, and values and to make your organization aware of potential needs and issues well in advance of the event.

Please be aware that WellSpan does not advance monies, provide donor lists, or solicit sponsorship revenue for third party fundraising events. Also our Foundations cannot provide staff support for your event. We state this information in advance so that we are both clear about our Foundations’ ability to participate in and support your fundraising event. In addition, please note that under all circumstances, the use of the WellSpan Health brand, logo or name requires written authorization from our Foundation office and must be pre-approved before usage.

Once again, thank you for your interest in planning an event or program to benefit a WellSpan Health hospital, clinic, or program. Please allow 30 days for the Foundation office to review and respond to your proposal.

Third Party Fundraising Application

Thank you for your interest in supporting WellSpan Health and our Foundations.

1. Background Information

   Name of Group/Company Planning Event:

   Contact Person: 
   Title: 
   Mailing Address: 
   Telephone: 
   Fax: 
   Email: 
   Website: 

   Please indicate the category that best describes your group: 
   □ Corporate  □ School  □ Service Club  □ Other

2. Event/Fundraising Information

   Name of proposed event: 
   Briefly describe the event and how funds will be raised:

   Date(s) or Duration: Time(s):
   Location of event: 
   Address: 
   Sponsors (as applicable):

   Will other charitable organizations benefit from this initiative? □ Yes  □ No
   If so, please list.

   Is a license required for this event? □ Yes  □ No
   If yes, please list.

   Is a license required for this event? □ Yes  □ No
   If yes, please list.

   □ Lottery  □ Raffle  □ Liquor  □ Other

   The person requesting the event must obtain any necessary permits, licenses or insurance in their own name or the name of their organization.

   Please submit completed copies prior to event.

3. Promotional Materials

   The WellSpan Health logo is a registered trademark, the use of which is restricted. In keeping with industry standards, WellSpan will only permit use of its logo to those organizations that have a substantial, established relationship with the organization. In those cases, any use of the WellSpan Health logo or name for the proposed event must be approved by our Foundations prior to being printed and/or released.

   Please note that while you may possess a copy of the logo from a previous initiative, our Foundations must still approve any subsequent usage of the logo.

   Printed materials and other information should state the “Proceeds will support the ‘beneficiary’.”

   (Continued on other side)