



Office of Philanthropy
Muskegon, Shelby & Grand Haven

Third-Party Fundraising Guide

About the Trinity Health Office of Philanthropy

The Office of Philanthropy is dedicated to enhancing the superior care provided by our health system through financial support from the community. This support sustains our Mission to be a compassionate healing presence in the communities we serve.

Thank you for your interest in planning an event to benefit Trinity Health Muskegon, Shelby, Grand Haven or Trinity Health At Home – Grand Haven. The Office of Philanthropy is available to help guide you through the process and answer any questions you may have.

Third-Party Fund Raisers

A third-party fund raiser is an event or activity that benefits our local health system and is entirely volunteer driven, in coordination with the Office of Philanthropy.

How We Can Help

- Offer event guidance and advice when requested
- Approve the use of the Trinity Health name and/or logos for the event
- Provide a letter of support to validate the authenticity of the event
- Provide limited printing assistance, such as flyers and brochures
- Have a Trinity Health representative at your event, when possible
- Promote the event, when appropriate, through:
 - Trinity Health Office of Philanthropy website
 - Electronic colleague newsletter
 - Other various Trinity Health publications
- Acknowledge your direct contribution to Trinity Health

Event Guidelines

Trinity Health has a fiduciary responsibility to ensure that its name is being used properly, and fund raising is being conducted in a manner that is consistent with its mission, and not in conflict with its values.

- Fundraising events must comply with all relevant state and federal laws, and organizers must submit any information required by governing agencies to comply with post-event reporting.

- Until written permission is received, the name of Trinity Health cannot be used for any purpose, and contributions cannot be solicited.
- All Trinity Health logos are registered trademarks and may not be reproduced without prior permission. Logos must be used appropriately and not be altered in any way.
- All promotional and publicity materials must be approved by the Trinity Health Office of Philanthropy before they are used. This includes print, digital, video and audio.
- Any promotional materials must state that your event is raising funds to benefit a Trinity Health unit, department or program. For example, *"Proceeds benefit Trinity Health Johnson Family Cancer Center."*
- Trinity Health cannot solicit sponsors for your fundraising event and will not provide any donor, patient or family contact information.
- All costs will be paid from the third-party event proceeds or directly by the event organizer.
- Trinity Health will not be liable for any financial loss or held responsible for any claims and liabilities in any way related to the event.
- Please communicate any changes to your event to the Office of Philanthropy in a timely manner.
- When convenient, checks can be made payable to Trinity Health and sent to:

Trinity Health Office of Philanthropy
Attn: Allison Dile
6401 Prairie St., Ste 1000
Muskegon, MI 49444

We appreciate your consideration of support for our Trinity Health Hospitals in Muskegon, Shelby, Grand Haven, or Trinity Health At Home – Grand Haven. Philanthropic contributions such as yours help us to further enhance the health care needs of our community.

For more information, contact me, Allison Dile, directly at 231-672-6976 or allison.dile@trinity-health.org.

With sincerest regards,



Allison Dile

Donor Relations & Engagement Officer

Office of Philanthropy – Muskegon, Shelby & Grand Haven

allison.dile@trinity-health.org | [231.672.6976](tel:231.672.6976)



Event Proposal

Contact Information:

Contact Name: _____

Business or Organization (if applicable): _____

Address: _____

City/State: _____ Zip: _____

Phone: _____ Email: _____

Event Information:

Event Name: _____

Date(s): _____

Location: _____ Expected number to attend: _____

Briefly describe the event and include the department name proceeds will benefit:

Will the event be supporting another charity other than Trinity Health? If so, which one?

Do we have permission to publish the success of your event by listing your name, event description and amount raised? Yes ☐ No ☐

By my signature below, I acknowledge that I received a copy of the Trinity Health *Third-Party Fund-Raising Guide*, understand it, and agree to adhere to the guidelines mentioned herein.

Name: _____ Signature: _____

Date: _____

Please email completed Event Proposal to allison.dile@trinity-health.org.
Questions? Call 231-672-6976.