



## Cause Marketing Promotion

Thank you for your interest in raising support for the Virginia Mason Health System. We welcome the opportunity to work with you to develop a plan that entices business growth while building goodwill and supporting a worthy cause. To begin the process, please fill out the form below or give us a call at **206-223-7628**. We look forward to exploring these opportunities and our work together.

**NAME OF BUSINESS/ORGANIZATION:** \_\_\_\_\_

**PRIMARY CONTACT:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_

**ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**WEBSITE:** \_\_\_\_\_

### Campaign/Event Information:

**NAME OF PROMOTION:** \_\_\_\_\_

**DURATION DATE(S):** \_\_\_\_\_

Scope of Promotion: (check all that apply)

- |  |   |
|--|---|
| <input type="radio"/> Cause Marketing Campaign | <input type="radio"/> Retail Promotion      |
| <input type="radio"/> Sporting Event           | <input type="radio"/> Food & Beverage Event |
| <input type="radio"/> Concert                  | <input type="radio"/> Auction/Raffle        |
| <input type="radio"/> Online/Virtual           | <input type="radio"/> Other: _____          |

Please identify event/campaign beneficiary:

- Bailey-Boushay House at Virginia Mason
- Benaroya Research Institute at Virginia Mason
- Virginia Mason Medical Center

Will the funds raised by your promotion be for unrestricted use of the beneficiary or designated to a specific purpose? Please specify:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check the sources of income for your promotion:

- Specific amount or percentage of purchase/retail price
- Flat contribution
- Other: \_\_\_\_\_

Anticipated donation (net expenses): \$ \_\_\_\_\_

Is this promotion slated to become an annual fundraiser benefitting Virginia Mason?  Yes  No

Will there be other beneficiaries of this fundraiser?  Yes  No

If yes, name of other organization(s) and how funds will be split:

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How do you plan to publicize your effort?

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**EVENT LOCATION/VENUE:**

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PROMOTION WEBSITE: \_\_\_\_\_

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**Please return your completed form to:**

EMAIL: [CorporateGiving@VirginiaMason.org](mailto:CorporateGiving@VirginiaMason.org)

MAIL: Virginia Mason Foundation  
c/o Andrea Nelson  
1218 Terry Avenue – MS: D1-MF  
Seattle, WA 98101