

Mercy Health Foundation

Community Fundraising Toolkit



A guide to help with your fundraising activity.

Welcome

Thank you for supporting Mercy Health Foundation. By choosing to support us you will make a real difference to the people we care for at every stage of life.

We have developed this guide to remove the stress and help make your fundraising activity a success! It contains all the important and useful information you will need to develop your fundraising activity.

We want you to have fun and we're here to support you throughout your fundraising journey, so if you have any queries, please don't hesitate to call Belinda on 03 8416 7766 or email **foundation@mercy.com.au**.

Thank you again for your support— we look forward to seeing your fundraising activites come to life.



We need your support

Women's and Children's Health

Mercy Perinatal

Mercy Perinatal is about bringing mothers and babies safely home. When a pregnancy is diagnosed, women dream not just of the baby to come. They dream of their healthy child, their vibrant adolescent, the independent adult they will one day leave safely behind. Yet when babies are born small, born sick or born still, these dreams can suddenly slip out of reach. Complications affecting the mother's health or baby's development can leave a lifelong footprint. This is why the first nine months are arguably the most important months of our whole lives. Mercy Perinatal is about investing in these first nine months.



The Mercy Perinatal Mental Health service provides an integrated service for women with major mental health conditions such as schizophrenia, bipolar disorder, or severe depression. The team includes maternal fetal medicine specialists and midwives, psychiatrists and psychologists, as well as a full allied health support team. This clinic also welcomes pre-pregnancy visits for women with major mental health conditions in order to optimise pregnancy planning including safe medications for conception and beyond.





The Mercy Health Foundation, with the generosity of philanthropic donors, was an integral part of the establishment of the Mercy Health Breastmilk Bank. Funds are now being raised for the expansion of the Mercy Health Breastmilk Bank to all neonatal intensive care nurseries in Victoria.

Funding supports the Breastmilk Bank in many different ways, including:

- supporting our donors by providing them with the necessary equipment to donate breastmilk, such as breastmilk pumps, expressing kits and bottles
- equipment, such as pasteurisers and freezers, and their ongoing maintenance
- expanding the Breastmilk Bank with the establishment of satellite sites at three additional Melbourne hospitals so that more premature babies across Victoria can have access to pasteurised donor milk.

Aged Care

Imagine Fund

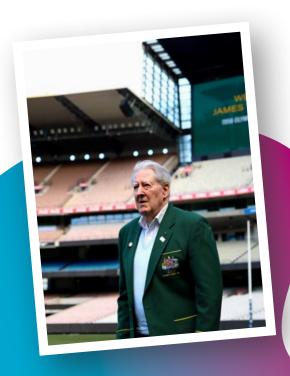
The Imagine Fund aims to support aged care residents to achieve something they've always dreamed of, which was otherwise not possible.

Imagine there were a number of experiences or achievements that you hoped to have accomplished during your lifetime but hadn't – the bucket list. Imagine if there were things that could make your life easier, more interesting and keep you connected with your family.

Well, for a number of our residents in our aged care homes and clients we care for at their home, they still have many dreams and aspirations to fulfil. Many do not have the family support to achieve their goals. The Imagine Fund provides the funds for dreams to come true.

Over the years the Imagine Fund has enabled our residents to experience:

- joy flights in a Tiger Moth
- a drive around a racetrack in a V8 Supercar
- a new wheelchair ramp to replace a rotten and unsafe ramp
- iPads to help residents stay connected with family and friends
- custom wheelchairs and wheel frames
- electric pressure-relieving mattresses.





Palliative Care

Urgent Need program

Preparing for the end of life is a deeply intimate and personal experience. We support palliative care patients, residents, their families and loved ones, to provide comfort as people approach the end of life.

For anyone supporting a loved one through the final stages of life, the journey through palliative care can be stressful and challenging.

For many people, the suddenness of the experience leaves them in urgent need. Managing a terminal illness can have a significant impact on your resources. Family members who become carers might have limited leave entitlements and often face difficult decisions, such as whether to leave their job or seek unpaid leave to continue caring for their loved one. Other financial challenges include the cost of medication, medical fees, travel and increased costs involved with heating, cooling or using additional equipment.

The Foundation provides funding to support people in need who find themselves in these situations. Often, their needs are quite practical, but they can significantly impact on a person's quality of life.

The Urgent Need program supports people to live as comfortably as possible while approaching the end of life. Throughout the 2020 – 2021 financial year Mercy Health touched the lives of approximately 103,000 people across our Victorian health services:

Mercy Hospital for Women

Mercy Hospital for Women (MHW) in Heidelberg is a major public hospital with the expertise to provide complex care for obstetric, neonatal and gynaecological needs. It is also a leader in research and teaching, particularly in relation to women's and newborns' health. The hospital has one of only four Neonatal Intensive Care Units in Melbourne and a Special Care Nursery, which cares for some of Victoria's most unwell babies and provides support for families throughout health journeys.

2020-2021 STATISTICS



103,000

(approx) patients cared for across our Victorian health services



babies born at MHW



Department presentations



babies cared for at MHW Neonatal Intensive Care Unit



Mercy Health Breastmilk Bank provided breastmilk to 161 sick and premature babies

Werribee Mercy Hospital

Werribee Mercy Hospital (WMH) is a general hospital providing comprehensive care in Wyndham and surrounding areas. The hospital provides emergency, surgical, medical, mental health, palliative, paediatric, maternity and newborn care, as well as renal dialysis.

2020-2021 STATISTICS



at WMH



people presented to WMH Emergency Department



Department paediatric presentations



babies cared for at WMH Special Care Nursery



people were cared for in WMH Intensive Care Unit

How we support you



Provide you with a Mercy Health Foundation branded tshirt or singlet to help you stand out.



Email or call us for advice and guidance along the way



Supply you with the Mercy Health Foundation logo to use on your marketing material



Have one of our Mercy Health Foundation staff attend your event (subject to availability)



Great ideas for your fundraising event





Host an event

- Morning or afternoon tea
- Sausage sizzle don't forget to register your BBQ at streatrader.health.vic.gov.au
- * Car wash
- Garage sale
- * Trivia night
- * Movie night
- * Online event Trivia, comedy, or dinner party.

 Almost anything can be converted to Zoom!
- Raffle To find out more about raffles and the legalities, please visit www.vcglr.vic.gov.au/ gambling/raffle/licensee-resources/faqs
- ***** Bake sale



Challenges

- Fun Run Register yourself or a team for a fun run or marathon such as Run Melbourne or Nike Melbourne Marathon Festival
- Give It Up Give up something you love for a month, like chocolate, alcohol or online shopping and ask your friends and family to sponsor you.



School/office

- Dress It Up Host a casual clothes day, pyjama day or themed dress up day
- Donation Match Ask your workplace if they will match your fundraising donations





Our fundraisers in action

Silver Wattle High tea

Community fundraising group Mums of Mercy (MoMs) support Mercy Health Foundation. They recently held their annual charity event with a high tea at the Park Hyatt Melbourne. With more than 150 guests dressed in their 'Sunday best', the event raised \$12,000 in total, with all proceeds going to Mercy Perinatal.

Wyndham Rotary fun run and walk

The Wyndham Rotary Fun Run and Walk is a fundraising event hosted by the Rotary Club of Wyndham. Werribee Mercy Hospital is thrilled to be the charity partner for this iconic community event, which has raised over \$64,000 for the Werribee Mercy Hospital Intensive Care Unit (ICU).



Bake Sale

Staff at Werribee Mercy Hospital held a bake sale to raise funds for the Special Care Nursery. With the help of bakers from around the hospital and donations of baked goods from local bakeries, the event raised over \$1,300 in two hours from the sale of the delicious cakes, biscuits and slices.

Run Melbourne

Not even an extended lockdown could stop Run Melbourne in 2021. Mercy Health Foundation was lucky enough to have six inspirational runners take part in the event.

Thank you to everyone who donated in support of these amazing runners. Together, they raised more than \$7,700 for Mercy Perinatal and the Mother Baby Unit at Werribee Mercy Hospital, a mental health inpatient unit for mothers and their babies.



Get the word out



Social media

Social media is a great tool to let your community know about your fundraiser. Let them know where your fundraising efforts are going — are you helping bring mothers and babies safely home? Or, perhaps you're wanting to make dreams come true for the older people in your community. Using compelling stories is the best way to engage with your audience and encourage them to support your fundraiser!





Tips for posts and emails

- * Keep your message simple and clear
- * Explain what you are doing and why
- * Tag us in your posts using our handles
- * Make sure your post is public so it can be shared
- * Include links to your fundraising page or the Mercy Health Foundation website

Our social media handles



@MercyHealthAus



Mercy Health Foundation (Aus)



@MercyHealthAus



@MercyHealthAus



Mercy Health

Other ways to promote your fundraiser



Consider putting posters up at local businesses, schools or your workplace



Team up with a business in your area and ask them to share your fundraiser



Ask your friends and family to promote your event for you through their networks

Top tips, tricks and traps

- ✓ Choose a date for your fundraising event and tell your friends and family about it.
- ✓ Set an achievable fundraising goal. You can always increase it as you progress.
- ✓ Ask your friends and family for help if you are hosting a big event.
- ✓ Sponsor yourself. Sometimes this can be a great way to show other people that you are really committed to the cause.
- ✓ If you have signed up to fundraise online be sure to share your fundraising page link and story with your friends, family and colleagues. Remember to share on your social media channels too.
- ✓ Don't be afraid to ask people for donations. Every dollar counts, no matter how big or small.

- ✓ Take some pictures at your event and share, share, share. Don't forget to send through your photos to foundation@ mercy.com.au so we can share your wonderful story.
- ✓ After it's all over, say a big thanks from us to all of your supporters.
- Permits check with your local council if you need to apply for any permits.
- ✗ Gambling Mercy Health does not endorse any activity that raises funds through gambling.
- X Expenses be careful not to spend most of your fundraising income on expenses your activity incurs. Keep track of your costs and try to minimise them by asking for sponsorship or reduced prices for items you need to pay for.
- Do not do anything dangerous or illegal. Mercy Health will not be held liable for any injuries or damages sustained as a result of your fundraising activity.



Fundraising application form

If you would like to fill in your form electronically, please download a copy from our website.

| You | ır Name | | Address | | | |
|------|--|---|--|--|--|--|
| Mol | oile Phone | | Email | | | |
| 1. | Name of | activity or event | | | | |
| 2. | Date and | | | | | |
| 3. | Where? | | | | | |
| 4. | | | ct to raise for Mercy Health Foundation? | | | |
| 5. | | your activity or event in m | | | | |
| | | | | | | |
| 6. | • | | our activity or event, including local, state entatives? (please circle) | | | |
| | Yes | No | | | | |
| If y | ou answe | r yes to the above, plea | se list the VIPs name and position/title: | | | |
| | | Foundation requests that IOR to your invitation beir | you advise us if you intend to invite VIPs to attend | | | |
| 7. | Where w | ould you like your fund | s to be directed? (please circle) | | | |
| | Aged Car | e Palliative Care | Women's and Children's Health | | | |
| 8. | Mercy Health Foundation must approve all promotional material for your fundraising activity or event prior to printing or publishing. Do you agree to supply all event promotional material to the Foundation? (please circle) | | | | | |
| | Yes | No | | | | |
| 9. | Do you understand that Mercy Health Foundation is unable to support you with media activity, soliciting prizes or attending your event? (please circle) | | | | | |
| | Yes | No | | | | |
| 10. | Do you agree to advise Mercy Health Foundation of any VIPs you intend to invite to your event before sending an invitation to the VIPs? | | | | | |
| | Yes | No | | | | |
| 11. | Do you a date? | gree to donate the fund | ds raised from your event within 30 days of the activity or event | | | |
| | Yes | No | | | | |

| Agreement | |
|---|----------------------------------|
| //We | have read this booklet and |
| agree to conduct the activities outlined above | in accordance with these |
| guidelines. I/We agree to inform Mercy Health activities change. | Foundation if the details of the |
| Signature | |
| Date | |
| Print name | |
| Please complete and return to: Mercy Health F | Foundation, Level 2, 12 Shelley |
| Street Richmond Vic 3121, email to foundation | on@mercy.com.au |
| IMPORTANT: This is not an authority to raise that been received it will be acknowledged and | |

CLECKIST Make sure you tick these off before you get started: Are you at least 18 years old? If not, you will need an adult to help you with your fundraising event. What type of fundraising activity are you planning? We have some great ideas and examples above. Make sure you read our tips, tricks and traps above. Let us know if you would like to create an online fundraising page. Our team can help you decide which online platform would work best for your activity. Examples include Raisely and Grassrootz. Once you have completed the steps above, simply fill in the Application for Fundraising form and send it back to us. Promote your fundraising event through your friends and networks. Host your event. We'll check in with you after your event to hear about your success.

authority to raise funds will be issued.



Bank deposit details

Bank: National Bank of Australia (NAB)

Name: Mercy Health Foundation

BSB: 083 004

ACCT: 584 951 976

Reference: Your Full Name

Cheques and cash

Cheques must be made payable to Mercy Health Foundation and sent to:
Mercy Health Foundation
Level 2, 12 Shelley Street
Richmond Victoria 3121

All collected cash can be deposited into our bank account details.

Receipts

All donations over \$2 are eligible for a taxdeductible receipt, so long as no material benefit is received. Please use the receipt template to track supporters donations, and return to us.

Receipt Template

Please use this sheet to keep track of donors who require a tax receipt. Simply download and print this sheet, fill it in and return to the Mercy Health Foundation office via email or post at the end of your fundraiser.

Your details

Email:

| First Name | Last Name | |
|---------------------------|----------------|----------|
| Event Title | | |
| Address | | |
| Telephone | | |
| Details of donors who red | quire receipts | |
| Title: First Name: | Last Name: | Donation |
| Address: | | Amount: |
| Telephone: | | Φ. |

| First Name Last Name Event Title Address Elephone Details of donors who require receipts Title: First Name: Last Name: \$ Donation Amount: Email: Details of donors who require receipts Title: First Name: Last Name: Donation Amount: Address: Donation Amount: Email: Donation Amount: Second Donation Amount: Details of donors who require receipts Details of donors who require receipts Title: First Name: Last Name: Donation Amount: Address: Details of donors who require receipts Title: First Name: Last Name: Donation Amount: Address: Details of donors who require receipts Title: First Name: Last Name: Donation Amount: Address: Details of donors who require receipts Title: First Name: Last Name: Donation Amount: Address: Second Donation Amount: Address: Second Donation Amount: Address: Second Donation Amount: Address: Second Donation Amount: Second Donation Amount: Address: Second Donation Amount: Address: Second Donation Amount: Address: Second Donation Amount: Beliephone: Second Donation Amount: Second Donation Amount: Beliephone: Second Donation Amount: | Your details | | |
|---|---------------------------|----------------|----------|
| Address: Details of donors who require receipts Title: First Name: Last Name: Amount: Address: Telephone: \$ Donation Amount: Address: Title: First Name: Last Name: Donation Amount: Address: Telephone: \$ Donation Amount: Address: Details of donors who require receipts Title: First Name: Last Name: Donation Amount: Address: Details of donors who require receipts Title: First Name: Last Name: Donation Amount: Address: S Telephone: S Telephone: S Title: First Name: Last Name: Donation Amount: Address: S Telephone: S Title: First Name: Last Name: S Donation Amount: S Donation Amount: S S Details of donors who require receipts | irst Name | | |
| Details of donors who require receipts Title: First Name: Last Name: Donation Amount: Address: Telephone: \$ Title: First Name: Last Name: Donation Amount: Address: Telephone: \$ Title: First Name: Last Name: Donation Amount: Address: Telephone: \$ Title: First Name: Last Name: Donation Amount: Details of donors who require receipts Title: First Name: Last Name: Donation Amount: Details of donors who require receipts Title: First Name: Last Name: Donation Amount: Address: Telephone: \$ Title: First Name: Last Name: Donation Amount: Address: Telephone: \$ Donation Amount: S Title: First Name: Last Name: S Donation Amount: S Title: First Name: Last Name: S Donation Amount: S Title: First Name: Last Name: S Donation Amount: S Title: First Name: Last Name: S Donation Amount: S Title: First Name: Last Name: S Donation Amount: S Title: First Name: S Tit | vent Title | | |
| Details of donors who require receipts Title: First Name: Last Name: Amount: Address: Email: Details of donors who require receipts Title: First Name: Last Name: Amount: Address: Telephone: \$ Details of donors who require receipts Title: First Name: Last Name: Amount: Details of donors who require receipts Title: First Name: Last Name: \$ Details of donors who require receipts Title: First Name: Last Name: Address: Address: Amount: Details of donors who require receipts Title: First Name: Last Name: Address: S Telephone: S Donation Amount: Address: S Title: First Name: Last Name: S Donation Amount: S Details of donors who require receipts | ddress | | |
| Title: First Name: Last Name: Donation Amount: Semail: | - elephone | | |
| Address: Telephone: Email: Details of donors who require receipts | Details of donors who red | quire receipts | |
| Address: Telephone: Email: Details of donors who require receipts Title: First Name: Last Name: Address: Telephone: Email: Details of donors who require receipts Title: First Name: Last Name: Donation Amount: Address: Title: First Name: Last Name: Donation Amount: Address: Telephone: Email: Details of donors who require receipts Title: First Name: Last Name: Donation Amount: Address: Telephone: S Title: First Name: Last Name: Donation Amount: Address: Dotation Amount: Title: First Name: Last Name: Donation Amount: Address: S Title: First Name: Last Name: S Title: First Name: S Title: First Name: S Title: First Name: S Title: S Title: First Name: S Title: S | Title: First Name: | Last Name: | Donation |
| Email: Details of donors who require receipts Title: First Name: Last Name: Address: Telephone: \$ Email: Details of donors who require receipts Title: First Name: Last Name: Donation Amount: Address: \$ Telephone: \$ Email: Details of donors who require receipts Title: First Name: Last Name: Donation Amount: Address: \$ Title: First Name: Last Name: \$ Donation Amount: S Title: First Name: Last Name: Donation Amount: S Title: First Name: Last Name: S Address: S Title: First Name: S Title: First Name: S Address: S Telephone: S Title: S Title: First Name: S Title: S | Address: | | Amount: |
| Email: Details of donors who require receipts Title: First Name: Last Name: Donation Amount: Email: Details of donors who require receipts Title: First Name: Last Name: Donation Amount: Address: Donation Amount: Email: Donation Amount: Strict First Name: Last Name: Donation Amount: Email: Donation Amount: Strict First Name: Last Name: Donation Amount: Strict First Name: Last Name: Donation Amount: Email: Donation Amount: Strict First Name: Last Name: Donation Amount: Address: Strict Name: Last Name: Strict | Telephone: | | \$ |
| Title: First Name: Last Name: Address: Telephone: \$ Email: Details of donors who require receipts Title: First Name: Last Name: Donation Amount: Address: Donation Address: \$ Telephone: \$ Email: Donation Amount: Address: Donation Amount: Title: First Name: Last Name: Donation Amount: Address: Donation Amount: Title: First Name: Last Name: Donation Amount: Address: Donation Amount: | Email: | | Ψ Ψ |
| Title: First Name: Last Name: Address: Telephone: \$ Email: Donation Amount: Semail: Semail | | | |
| Address: Telephone: Email: Setails of donors who require receipts Title: First Name: Last Name: Donation Amount: Telephone: Email: Setails of donors who require receipts Title: First Name: Last Name: \$ Donation Amount: Address: Telephone: \$ Title: First Name: Last Name: Donation Amount: Address: Telephone: \$ | Details of donors who rec | quire receipts | |
| Address: Telephone: Email: Details of donors who require receipts Title: First Name: Last Name: Donation Amount: Address: Telephone: Email: Details of donors who require receipts Title: First Name: \$ Donation Amount: Address: Title: First Name: Last Name: Donation Amount: Title: First Name: Last Name: Sometime Amount: Address: Telephone: \$ | Title: First Name: | Last Name: | Donation |
| Email: Details of donors who require receipts Title: First Name: Last Name: Donation Amount: Telephone: \$ Email: Details of donors who require receipts Title: First Name: Last Name: Donation Amount: Title: First Name: Last Name: Donation Amount: Address: Telephone: \$ | Address: | | Amount: |
| Email: Details of donors who require receipts Title: First Name: Last Name: Donation Amount: Telephone: \$ Email: Details of donors who require receipts Title: First Name: Last Name: Donation Amount: Title: First Name: Last Name: Donation Amount: Address: Telephone: \$ | Telephone: | | • |
| Title: First Name: Last Name: Donation Amount: Address: \$ Email: \$ Details of donors who require receipts Title: First Name: Last Name: Donation Amount: Address: | Email: | | ψ |
| Title: First Name: Last Name: Donation Amount: Address: \$ Email: \$ Details of donors who require receipts Title: First Name: Last Name: Donation Amount: Address: | | | |
| Address: Telephone: Email: Setails of donors who require receipts Title: First Name: Last Name: Donation Amount: Address: Telephone: Setails of donors who require receipts | Details of donors who red | quire receipts | |
| Address: Telephone: Email: Details of donors who require receipts Title: First Name: Last Name: Donation Amount: Address: Telephone: \$ | Title: First Name: | Last Name: | |
| Details of donors who require receipts Title: First Name: Last Name: Donation Amount: Address: Telephone: \$ | Address: | | Amount: |
| Details of donors who require receipts Title: First Name: Last Name: Donation Amount: Telephone: \$ | Telephone: | | |
| Title: First Name: Last Name: Donation Amount: Address: Telephone: \$ | Email: | | <u> </u> |
| Title: First Name: Last Name: Donation Amount: Address: Telephone: \$ | | | |
| Address: Telephone: \$ | Details of donors who red | quire receipts | |
| Address: Telephone: \$ | Title: First Name: | Last Name: | |
| | Address: | | Amount: |
| | Telephone: | | \$ |
| | Email: | | |

Branding

Once we have accepted your application, we will send you a link to download the Mercy Health Foundation logo along with a guide on how to use our logo.

Our logo is the most immediate representation of our organisation, our people and our brand to stakeholders. To ensure consistency and to protect the brand you are supporting, we request that all branded documents, promotional material or websites be emailed to **foundation@mercy.com.au** for review and approval.

Mercy Health

Care first



Foundation





From all of us at Mercy Health Foundation, thank you so much!

Every contribution — no matter how big or small — ensures that people at every stage and age of life benefit from the best possible care, innovative research and brilliant medical minds.

For more information on fundraising for Mercy Health Foundation, please contact a member of the Foundation team.

Email: foundation@mercy.com.au

Phone: 03 8416 7766

Web: www.mercyhealthfoundation.org.au Mailing address: Level 2, 12 Shelley Street,

Richmond VIC 3121

Have fun!

Don't forget you are doing a great thing for a great cause and we are really thankful you have chosen to support Mercy Heatth Foundation.





