



**3<sup>RD</sup> PARTY FUNDRAISING PROGRAM BENEFITING  
Cancer Support Community Iowa & NW Illinois at Gilda's Club**

**Cancer Support Community at Gilda's Club** welcomes the support of community groups wishing to support the organization and those touched by cancer. To be respectful of our contributors and to protect the organization's reputation, we ask that all fundraising efforts be coordinated through **Cancer Support Community at Gilda's Club** and Lexi Bull, Communications and Event Manager.

Gilda's Club Quad Cities has found 3<sup>rd</sup> Party Fundraising Programs to be a wonderful way for individuals and corporations to get involved by hosting events, parties, walks, drives, etc. For us, it is a two-fold benefit as the organization does not use our own limited staff and financial resources to hold additional fundraising benefits or events. We appreciate your willingness to help.

Please provide us with the following information and review our guidelines for 3<sup>rd</sup> Party Fundraising Programs. If you have any questions or need assistance in completing the form, please contact **Lexi Bull at (563) 949-2648 or [lexi@csciowaillinoisorg](mailto:lexi@csciowaillinoisorg)**.

Organization Name:

Address:

City:

State:

Zip Code:

Contact Name:

Title:

Phone Number - Day:

Evening:

Email:

Name of Fundraising Event:

Date Fundraising Event Begins:

Date Fundraising Event Ends:

Time and Location of Fundraising

Event: Description of Fundraising Event:

What is the goal of the Fundraising Event?

How will you be promoting this Fundraising Event?

What percentage of proceeds will go to Cancer Support Community at Gilda's Club?

What support, if any, will you need from Cancer Support Community at Gilda's Club?

*(For example: staff time at planning meetings, at the event, Gilda's Club materials, space, etc.)*

The fundraising organization agrees to provide the following support for the Fundraising Event:

I have reviewed the **Cancer Support Community Iowa & NW Illinois at Gilda's Club** 3<sup>rd</sup> Party Fundraising Program Guidelines and agree to follow these guidelines for fundraising and solicitations on behalf of **Cancer Support Community Iowa & NW Illinois at Gilda's Club**. Furthermore, I understand that all information made available to me in connection with such work is to be treated as confidential and will be used only in connection with my duties with the organization.

In consideration of permitting me access to such information, I hereby agree to hold **Cancer Support Community Iowa & NW Illinois at Gilda's Club**, its agents, and employees, harmless from all liability, loss, cost, and expense on account of all damages, claims and actions arising in any matter from any breach of confidentiality on my part.

I further agree to indemnify and hold **Cancer Support Community Iowa & NW Illinois at Gilda's Club**, its agents, and employees, harmless from all liability, cost, and expense on account of all damages because of any injury that may occur to me while performing my duties as a volunteer.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
For the Fundraising Organization

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
For Cancer Support Community at Gilda's Club

Please complete this form and return to:

**Lexi Bull, Communications and Event Manager**

**Cancer Support Community at Gilda's Club  
1351 West Central Park Ave, Suite 200  
Davenport, IA 52804**

**Phone: (563) 949-2648**

**Email: [lexi@csciowallinois.org](mailto:lexi@csciowallinois.org)**

***After approval, a signed copy will be returned to you for your files. Thank you!***



### **3<sup>RD</sup> PARTY FUNDRAISING PROGRAM GUIDELINES**

1. Only volunteers may be used in solicitation efforts, and they may not receive compensation of any kind for their efforts.
2. **Cancer Support Community at Gilda's Club** requests that telephone solicitation NOT be used as part of a fundraising effort.
3. As a rule of thumb fundraising costs should not exceed 50% of the sum raised. Since **Cancer Support Community at Gilda's Club** has an active fundraising program, we require that organizations and individuals submit a list of potential sponsors prior to solicitation. This is done so we do not jeopardize existing requests.
4. All statements made concerning the event, including statements concerning **Cancer Support Community at Gilda's Club** should be approved by the Development Director and be completely truthful and accurate.
5. If an opportunity to speak to a media outlet is presented for this fundraising event, **Cancer Support Community at Gilda's Club** shall be offered the opportunity to have a **Cancer Support Community at Gilda's Club** spokesperson present to interface with the media.
6. Persons raising funds on behalf of **Cancer Support Community at Gilda's Club** will provide a clear and accurate statement of how we will benefit (including percentage of proceeds) from the event or solicitation in all advertising, solicitation programs, promotions, printed materials, scripts, or the like, in which the name of **Cancer Support Community at Gilda's Club** will be used.
7. Prior to production and distribution, all advertising, promotions, printed materials, solicitation programs, appeals, etc. will be submitted to **Cancer Support Community at Gilda's Club** for approval.
8. All funds raised must be delivered to **Cancer Support Community at Gilda's Club** within six weeks after the event/program ends.

#### **PLEASE NOTE**

1. **Cancer Support Community at Gilda's Club** may make known, publicly, or privately, its approval of the above-named event, campaign, promotion, or solicitation, and it may also make known its denial or revocation of approval.
2. **Cancer Support Community at Gilda's Club** may revoke its approval should it believe that any of the guidelines listed are not being met.
3. A copy of this agreement will be made available upon request to any interested party. At the organization's discretion, it shall also be supplied to any oversight agencies **Cancer Support Community at Gilda's Club** deems appropriate.