



Agreement for Third-Party Fundraising Events

Thank you for considering the Lung Cancer Research Foundation (LCRF™) as a beneficiary of your fundraising activities. We appreciate your efforts to help support LCRF's mission to improve and save lives by funding groundbreaking lung cancer research.

All fundraising activities, including events, should complement the mission and image of LCRF. Additionally, LCRF has established the following guidelines:

Third-Party Event Guidelines

1. Promotion and Logo Usage

- LCRF has no fiduciary responsibility for your event(s) and assumes no liability for its planning or execution, including all promotion, set-up, staffing (including volunteers).
- LCRF does not endorse products, firms, organizations, individuals, or services. Accordingly, your event(s) must be promoted and conducted in a manner that avoids any statement or appearance of an endorsement by LCRF.
- All promotional materials must clearly state that this event is raising funds that will benefit LCRF, and include the percentage or amount that will be donated to LCRF.
- LCRF's staff role is to support approval of third-party events. LCRF staff do not attend third-party events due to staff size. LCRF will not solicit sponsors or auction items for your fundraising event – and does not provide any donor, volunteer, or celebrity contact information, mailing lists, press contacts, press releases, or formal advertising.

2. Finance and Tax Rules

- If applicable, LCRF will process all proceeds of event(s).
- If applicable, LCRF must approve all expenses prior to the event and will adhere to reasonable and customary not for profit guidelines as determined by the Internal Revenue Service (IRS).
- The event host will provide LCRF with a completed *Host Report Form* recording attendees and contact information. Event donors will be considered a part of the LCRF database and will receive LCRF communication materials.
- All event donors who donate directly to LCRF will receive an official acknowledgement letter from LCRF; LCRF will provide directions for making donations.
- LCRF sales tax exemption(s) (on purchases) cannot be extended to any event or fundraising effort.



- Host may not receive any financial or other benefit in exchange for hosting an event to benefit LCRF.

3. Collateral and Communications

- Invitations, press releases, brochures and all other written communication must be approved by LCRF before printing or publishing online.
- LCRF will approve collateral within 3 to 5 business days.
- If there is an error in the print material(s), without approval from LCRF, LCRF has the full authority to request reprints and/or revisions, at the financial expense of the event host.

4. Liability and Cancellation

- All third-party events must obtain insurance, permits and/or licenses necessary for fundraising in the city in which the event is to occur, the sale or service of liquor, and the hosting of raffles and/or games of chance. LCRF will not insure your event and requires that you obtain all insurance.

5. Media

- LCRF needs to be informed of all press and media coverage for third-party events.

6. Miscellaneous

- You, as the third-party independent event organizer, must register your event 30 business days in advance with LCRF by accepting this agreement.
- Upon request, LCRF will provide brochures, pamphlets and other informational materials promoting and explaining the mission of LCRF.

On behalf of the Lung Cancer Research Foundation, thank you for your efforts to raise funds in support of our mission. Your time and commitment are greatly appreciated.

Please return the completed forms with applicable permits and letters from event venues/hosts confirming the event time, date, and location to:

Lung Cancer Research Foundation
Attn: Meghan Wood, Special Events Manager
155 East 55th Street, Suite 6H
New York, NY 10022
P: 212.588.1580
F: 212.308.0972
email: MWood@lungfund.org



APPLICATION FOR COMMUNITY FUNDRAISING ACTIVITY

Name of Person/Group Sponsoring Fundraiser:

Contact person: _____

Mailing address:

Phone: _____ Email: _____

PROPOSED ACTIVITY/EVENT DETAILS

Name of proposed activity/event: _____

Date(s) scheduled: _____ Time(s): _____

Location: _____

Briefly describe the activity/event (e.g. Walk A Thon, etc.):

How will funds be raised (e.g. ticket sales, item sales, etc.):

Does your activity/event require a license*: ____ yes ____ no

**Please note that certain gaming events such as raffles or bingo require registration and licensing that vary by state.*

How will the activity/event be marketed/publicized (e.g. invitation, press releases, flyers, radio/TV/printed ads, etc.)?



APPLICATION FOR COMMUNITY FUNDRAISING ACTIVITY (con't)

Do you plan to use the Lung Cancer Research Foundation logo in conjunction with your event promotion? ___ yes ___ no

***Please note:** Use of the Lung Cancer Research Foundation logos are subject to timely submission and approval of examples by LCRF with 3 to 5 business days of each use and are to be used only for the duration of your fundraising event.*

Please list all businesses you plan to solicit for cash or in-kind support. Attach a separate sheet, if necessary:

Are there other beneficiaries of the event? ___ yes ___ no

If yes, please specify which organizations and what percentage of proceeds the Lung Cancer Research Foundation will receive:

ANTICIPATED EVENT BUDGET

\$_____ Anticipated event income

\$_____ Anticipated event expenses

\$_____ Anticipated net event revenue

_____ Estimated date funds will be received by the LCRF*

*All funds must be received by LCRF within 30 days of the event.



Lung Cancer Research
FOUNDATION

ACKNOWLEDGEMENT AND AGREEMENT

I, the event host, agree to all terms and conditions contained in these Third-Party Event Guidelines attached to and made part of this application. I understand that my event is not considered an approved event until written approval of my application is received from LCRF. I understand that any amendment, modification or waiver of any of the terms and conditions contained in this document must be submitted in writing to and approved by LCRF.

Name of Applicant: _____

Signature of Applicant: _____

Date of Signature: _____

AGREED AND ACCEPTED BY LCRF:

Name of LCRF Representative: _____

Signature of LCRF Representative: _____

Date of Signature: _____