

OUR VISION: A World Without Breast Cancer

Thank you for your interest in raising awareness and fundraising to end breast cancer. Please complete this form and return it to Donna Soos. A minimum 2-weeks notice is required prior to hosting an event.

CONTACT INFORMATION

Organization:

Contact Name:

Signature:

Forwarding this agreement via email is your electronic signature!!

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

EVENT DETAILS

Event Name:

Organization:

Description of the Event:

Event Goal:

Date/Time:

Location:

City:

State:

Zip:

How will you generate donations?

Will Tickets be sold? _____ Yes _____ No

If yes, Ticket Price \$ _____

Will alcohol be served? _____ Yes _____ No

Will the event include physical activity? _____ Yes _____ No

If yes, waivers must be provided. See [guidelines @ www.komennewjersey.org](http://www.komennewjersey.org)

Will you require educational materials? Yes No

Are you requesting our name/logo usage? Yes No

If yes, must sign letter of agreement.

How do you propose to use the Komen name and/or logo? (i.e. Solicitation letters, invitations, flyers, press releases, point of purchase materials, website, other)

FUNDRAISING EVENT REQUEST FORM

Contact:

Donna Soos
Susan G. Komen
New Jersey
2 Princess Road, Suite D
Lawrenceville, NJ 08648
(P) 609-896-1201 ext 100
(F) 609-896-1207

Email:

dsoos@komennewjersey.org

www.komennewjersey.org



The New Jersey Affiliate of Susan G. Komen Foundation is a not-for-profit organization with section 501(c)3 status for tax purposes, and governed by a Board of Trustees.

Donations are tax deductible to the full extent allowed by law.

For Komen Office Use Only

Proceeds Received: \$ _____

Applicant has read the Third Party Event Guidelines (www.komennewjersey.org) for Conducting Special Events, Benefits or Promotions to Benefit the Komen New Jersey Affiliate and agrees to abide by them. Applicant understands that approval must be granted by Komen New Jersey Affiliate and a Letter of Agreement must be executed by the parties before Applicant can plan or promote the proposed event. The New Jersey Affiliate of Susan G. Komen shall not be liable to any vendor or other third party for any fees, costs, or payments of any kind associated with the event, and Applicant agrees to indemnify and hold harmless the Komen New Jersey Affiliate against any such claims by third parties or vendors for said fees, costs, or payments. Please note that completion of this application does not constitute permission from the Komen New Jersey Affiliate to use Komen's name, logos or trademarks.

Signature: _____

Date: _____