



Third-Party Fundraising Guidelines

Thank you for your support of the mission of Cancer Support Community at Gilda's Club Rochester to provide no-cost educational, social and emotional support programs for anyone impacted by cancer. We are happy to work with organizations such as yours to further our mission. Outlined in this document are the requirements we ask organizations to comply with when we grant the right to use our brand for third-party fundraising activities.

Please contact our Director of Development, Lorraine Clements, lclements@csrochester.org or call her at 585-423-9700 x305 to discuss your fundraising ideas!

Some general guidelines:

- 1. What is a third-party fundraiser?** A third-party fundraiser is any fundraising activity or event organized by a non-affiliated group or individual outside of the staff at Cancer Support Community at Gilda's Club Rochester. The third-party event is organized with the intent of raising funds and awareness for the mission of Cancer Support Community at Gilda's Club Rochester.
- 2. Our brand image and integrity are very important and must be upheld. Cancer Support Community at Gilda's Club Rochester must review and approve all usage of our logo and organization's name** in any media form (i.e., print, video, and digital) and materials related to the event. Please allow us five business days for us to review any materials before their release to ensure proper branding. If approved, we would grant a limited and non-exclusive license use only the Cancer Support Community at Gilda's Club Rochester name and Cancer Support Community at Gilda's Club Rochester logo in connection with the event
- 3. Promotions for any event must properly reflect Cancer Support Community at Gilda's Club Rochester as the beneficiary.** We are not the host, presenter, sponsor, or partner for a third-party fundraiser. We are happy to post your event flyer on our social media channels and website but will not be directly involved in ticket sales, promotions or securing media coverage for your event.
- 4. Per IRS requirements, in planning an event there must be specific identification regarding what entity will receive the proceeds of your event and how much of the money raised will be donated.** *For example, "Cancer Support Community at Gilda's Club Rochester will receive 100% of the ticket sales" or "Cancer Support Community at Gilda's Club Rochester will receive all ticket and silent auction proceeds."*
- 5. Cancer Support Community at Gilda's Club Rochester has a zero-tolerance policy for defamatory or derogatory language.** Please ensure all language used during your fundraising event is respectful and inclusive.
- 6. Media/Photo Release.** Please provide us with a signed media/photo release and send us photographs of your event so we can share the excitement on our social media channels and express our gratitude.
- 7. Your event is a big deal and your support is even bigger! Please consider celebrating with us at a check presentation.** We invite you to do a formal check presentation at our facility to celebrate your success.
- 8. We require all donations generated through the event be delivered within 30 days of the event and made payable to Cancer Support Community at Gilda's Club Rochester.** This aids us in providing proper tax documentation and assures prompt acknowledgment of the donation. Please provide group's/donor's name, address, and donation amount.



**CANCER SUPPORT
COMMUNITY**
AT GILDA'S CLUB ROCHESTER
THIRD PARTY FUNDRAISER FORM

Please complete and return this form prior to your event. Please direct questions to Cancer Support Community at Gilda's Club Rochester's Director of Development, Lorraine Clements, lclements@cscrochester.org or call her at 585-423-9700 x305.

Responsible Party Sponsoring Event (Signatory of Agreement)

Event Name: _____

Event Date: _____ Event Time: _____

Event location: _____

Organizing Group: _____

Contact Name: _____

Contact Title: _____

Contact Address: _____

Contact City: _____ State: _____ Zip: _____

Contact Work phone: _____ Mobile: _____

Contact E-mail: _____

Organizer's Website: _____

Please provide a brief description of the event:

Would you like a representative(s) present at your fundraiser?

Yes

No

Would you like brochures to distribute at your fundraiser?

Yes

No

Will you have a flyer/graphics to promote your fundraiser that you'd like us to share on our social media before the event?

Yes

No



Media/Photo Release Form

To help Cancer Support Community at Gilda’s Club Rochester demonstrate the value of and need for educational, social and emotional support programs for anyone impacted by cancer, I give my permission to Cancer Support Community Rochester and its representatives to use photographs and/or video(s) of me/family, our names and likeness, in their marketing promotions. I acknowledge that my/our participation is voluntary and that I/we will not receive financial compensation of any type associated with the taking or publication of these photographs, slides, videos, and media or participation in the agency’s marketing materials or other agency publications. I also understand that my/our image may be edited, copied, exhibited, or distributed at Cancer Support Community at Gilda’s Club’s discretion and waive the right to inspect or approve the final product. Permission is granted for use in, but not limited to, print, social media, digital, and electronic platforms as well as granting permission to third-party partners in supporting Cancer Support Community Rochester’s mission the use of my name and likeness. I agree that publication of said photos, slides, video, and other media confers no ownership rights or royalties.

I hereby release and hold harmless Cancer Support Community at Gilda’s Club Rochester from any reasonable expectation of privacy or confidentiality associated with the images, slides, video, and media specified above.

I hereby release Cancer Support Community at Gilda’s Club Rochester, its contractors, employees, volunteers, Board of Directors, and any third parties involved in the creation or publication of marketing materials from liability for any claims by me or any third party in connection with my participation or event.

AUTHORIZATION

Event Name: _____

Event Date: _____

Printed Name: _____

Signature: _____

Street Address: _____

City: _____ State: _____ Zip: _____

If individual is under 18, a legal guardian’s signature is required:

Guardian Name: _____ Phone: _____

Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____



Signatory of Third-Party Fundraising Agreement

I have carefully read and fully understand Cancer Support Community at Gilda's Club Rochester's Third-Party Fundraising Guidelines and Agreement. I know Cancer Support Community at Gilda's Club Rochester must issue an approval for the use of their logo and name before conducting this event. I understand the event approval process may take up to five (5) days.

Signature (for electronic submission, your typed full name on this line serves as your signature)

Printed Name

Title

Phone

Organization / Business Name, if applicable

Date

On behalf of Cancer Support Community at Gilda's Club Rochester and those we serve, our staff and Board of Directors wish to thank you for your interest in our organization, for reaching out to us, and for helping us honor our mission. We cannot possibly provide services to the thousands of individuals living with and surviving cancer without your generous support. Thank you for keeping your support LOCAL!

Please return the completed packet by one of the following methods:

E-mail: lclements@cscrochester.org

Mail: Lorraine Clements
Cancer Support Community at Gilda's Club Rochester
255 Alexander Street
Rochester, NY 14607