

**Independent Fundraiser Event Guidelines**

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| **Contact Information** |
| **Name of Organization:** |
| **Contact Name:** |
| **Mailing Address:** |
| **Telephone:** |
| **Email:** |

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| **Fundraiser Information** |
| **Name of Fundraiser:** |
| **Date(s) of Fundraiser:**  |
| **Location of Fundraiser:** |
| **Description of Fundraiser:** |
| **Will businesses and/or individuals be contacted for donations: Yes No****If yes, who:** |
| **Where do you want your donation directed? (please circle all that apply)** Wig Boutique and Education Center, Patient Assistance, New Technology and Equipment, Greatest Need |
| **Will any other charities receive proceeds from your fundraiser: Yes No****If yes, who:** |
| **Expected Revenue:**  |

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| **Marketing Information** |
| **How will you advertise your fundraiser:** |
| **Will you require JENCC to advertise on their website\*: Yes No*****\*JENCC requires two weeks’ notice to put any Third Party Fundraiser on their website.*** |
| **Will you require JENCC’s Logo: Yes No****If yes, how will you use our logo:** |
| **June E. Nylen Cancer Center Responsibilities** |

**June E. Nylen Cancer Center** agrees to perform the following duties for your event:

* Consultation / Idea sharing
* Link your event on our website
* Share your event’s Facebook post on the June E. Nylen Cancer Center’s Facebook page – once per week for a total of two times (you must create the initial event/Facebook post)
* Share your news release with our media contacts (1-3 weeks prior to your event)
* Include once in our monthly electronic newsletter that goes out to more than 1,200 subscribers
* Posted on June E. Nylen’s internal calendar of events for staff
* If requested and while annual supplies last, provide small giveaway items with the June E. Nylen Cancer Center’s logo for attendees
* If requested, share photos of your event on our Facebook page following
* If requested, member(s) of the June E. Nylen Cancer Center staff will attend your event
* If requested, provide photo opportunity at check presentation
* Send thank yous to donors who give to the event and want a receipt for tax purposes (checks should be made to June E. Nylen Cancer Center and if donor receives a benefit, we need to know the value of the benefit).

**June E. Nylen Cancer Center** will *not* share patient lists or event lists. There is to be *no* soliciting of our patients by the event organization/individual.

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| **Organization/Individual Fundraiser Responsibilities:** |

* Complete and sign this agreement
* List the June E. Nylen Cancer Center as the beneficiary of your event/fundraiser
* Marketing your event, i.e. schedule television/radio appearances, etc.
* Provide your own logo, fliers, etc.
* Solicit other support if needed (sponsorships, in-kind gifts, etc.)
* Deliver proceeds from your event within 30 days of your event
* Send thank you letters to your donors

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| **Agreement** |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Organization / Individual Name), have read and will adhere to the June E. Nylen Cancer Center’s Independent Fundraising Event Guidelines. I/we the organizers, agree to indemnify and forever save the June E. Nylen Cancer Center harmless from and against any and all actions, causes of actions, claims, damages, losses, expenses, costs (including legal fees), charges and liabilities arising out of or in connection with the management and holding of the event for the June E. Nylen Cancer Center.

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Organizer Signature Date

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Printed Name

**\*\*\*Please return the completed form to Christie Finnegan:**

**Email:** FinneganC@jencc.com

**Mail: June E. Nylen Cancer Center, 230 Nebraska St., Sioux City, IA 51101**

**THANK YOU FOR SUPPORTING THE JUNE E. NYLEN CANCER CENTER**