



Cancer Care Services  
*the caring place*

## Guidelines for Third-Party Special Events, Benefits or Promotions

Thank you for your interest in benefiting Cancer Care Services. Donations to Cancer Care Services are an important vehicle in helping further our mission to provide help and hope to cancer patients, survivors, and their caregivers through direct financial, emotional, spiritual and social programs, services and activities.

Please read the guidelines listed below before completing the attached form. Once completed, send the attached application to Development-Special Events via fax at 817-921-1701 or mail to Cancer Care Services, Attention: Development-Special Events, 623 South Henderson Street, Fort Worth, TX 76104-2920 or e-mail [info2@cancercareservices.org](mailto:info2@cancercareservices.org). Additionally, a staff person in the Development Department will answer any questions you have about the guidelines or forms. The Development Department can be contacted at the above mailing and email addresses or telephone 817-921-0653.

Once the application is received, it will be submitted for consideration and approval by the Executive Director and as soon as a decision has been made, you will be contacted.

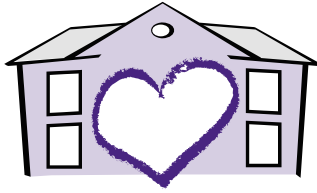
### GUIDELINES

1. As a responsible steward of public funds, Cancer Care Services believes that a reasonable percentage of the gross revenues from all fundraising events should be directed to our mission. Therefore, a third-party that organizes an event to benefit Cancer Care Services is required to keep expenses to 50% of gross revenue. Exceptions may be made for first-year events and on a case-by-case basis.
2. All events held at a specific location require the necessary permits and insurance will be required. For insurance, the following entities must be added as additional insureds:  

Cancer Care Services  
623 South Henderson Street  
Fort Worth, TX 76104-2920
3. Sporting events require a signed waiver/release from all participants. We will provide you with the necessary wording to include in the participant release.
4. If a third-party sells an item to raise funds for Cancer Care Services, the item to be sold must be non-controversial in nature. The public must be told the specific dollar amount from the sale of each item that goes to Cancer Care Services. For example, "\$5 per cookbook is a charitable contribution." If a certain percentage of the sale of an item or ticket goes to Cancer Care Services, the public must be told the specific percentage that benefits Cancer Care Services.
5. A third-party must request written permission to use Cancer Care Services name and/or logo, and completion of the attached application constitutes such a request.
6. All promotional material related to an event benefiting Cancer Care Services must be reviewed and approved by Cancer Care Services prior to its production and distribution. This includes, but is not limited to, invitations, fliers, posters, brochures, press releases, newsletter articles, etc.

7. Third-parties must inform Cancer Care Services of any effort to recruit financial underwriters/sponsors in order to ensure that there is no duplication of underwriting efforts.
8. Cancer Care Services is not able to handle any administrative aspects of a third-party event. While we are able to give you guidance about your event, we simply do not have the manpower to handle administrative tasks like invitation distribution, compiling RSVPs or selling tickets.
9. Organizers of the event are responsible for complying with all IRS regulations regarding the event. IRS regulations governing charitable deductions are quite specific and Cancer Care Services can provide some information and guidance.
10. Organizers of the event should be prepared to initiate publicity for this promotion and commit the necessary funds from its advertising budget.
11. Event proceeds and an accounting must be provided within 60 days after the conclusion of the special event or promotion. Please only send one check made out to Cancer Care Services. If the donation is coming from several donors, please provide an Excel spreadsheet with the donor names, addresses, amount of donation and check number electronically to: [info2@cancercareservices.org](mailto:info2@cancercareservices.org).

**THE FINAL DONATION TO CANCER CARE SERVICES MUST BE IN THE FORM OF ONE CHECK FROM YOUR COMPANY/ORGANIZATION OR A CASHIER'S CHECK. CHECKS FROM INDIVIDUALS SHOULD BE MADE TO YOUR ORGANIZATION AND INCLUDED IN THE GRAND TOTAL.**



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## Application for Third-Party Special Events, Benefits or Promotions

Cancer Care Services is accountable to the public for all fundraising activities using our name. Please read the attached Guidelines prior to completing this application.

Date of Application \_\_\_\_\_

Organization \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

### EVENT/BENEFIT/PROMOTION INFORMATION

Event/Benefit/Promotion Name \_\_\_\_\_

Description \_\_\_\_\_  
\_\_\_\_\_

Money generated by \_\_\_\_\_  
\_\_\_\_\_

Event Date(s) \_\_\_\_\_

Rain Date(s) \_\_\_\_\_

Hours \_\_\_\_\_

Location \_\_\_\_\_

Sponsors/Underwriters \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Will other charitable organizations benefit from this event?** If so, please name and describe the extent to which they will benefit.

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**BUDGET INFORMATION** (Please attach any details)

Projected Income \$ \_\_\_\_\_

Projected Expenses \$ \_\_\_\_\_

Projected Donation \$ \_\_\_\_\_

**PUBLICITY/PROMOTION**

Please list all forms (brochures, radio/TV/print ads, fliers, posters, etc.) \_\_\_\_\_

Assistance requested from Cancer Care Services \_\_\_\_\_

**INSURANCE**

Copies of necessary insurance as described in attached guidelines with Cancer Care Services listed as additional insured should be submitted to Cancer Care Services 30 days prior to the event.

Company \_\_\_\_\_

Type \_\_\_\_\_

**Please note:** If you are planning a sporting event, copy of participant waiver must be submitted 30 days prior to event.

*Applicant has read the attached Guidelines and agrees to abide by them. Cancer Care Services is not liable to any party or vendor for any fees, costs or payments of any kind, and Applicant agrees to indemnify and hold harmless Cancer Care Services against any claims by third parties or vendors for such fees, costs or payments incurred pursuant to this agreement. REMINDER: THE FINAL DONATION TO CANCER CARE SERVICES MUST BE IN THE FORM OF ONE CHECK FROM YOUR COMPANY/ORGANIZATION OR A CASHIER'S CHECK. CHECKS FROM INDIVIDUALS SHOULD BE MADE TO YOUR ORGANIZATION AND INCLUDED IN THE GRAND TOTAL.*

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

**Please return completed application to** Development-Special Events via fax at 817-921-1701 or mail to Cancer Care Services, Attention: Development-Special Events, 623 South Henderson Street, Fort Worth, TX 76104-2920 or e-mail [info2@cancercareservices.org](mailto:info2@cancercareservices.org).