



Ronald McDonald
House Charities®
of Northeast Indiana

Keeping families close™

Third-Party Fundraiser Application

Thank you for choosing Ronald McDonald House Charities of Northeast Indiana (RMHC of Northeast Indiana)! Please complete this application and submit it to RMHC of Northeast Indiana for approval 30 days prior to your fundraiser. Please note: your application must be approved prior to publicizing or holding a fundraiser benefitting RMHC of Northeast Indiana.

CONTACT INFORMATION:

Date Submitted: _____

Organization Name: _____

Contact Name: _____

Mailing Address: _____ City/State/Zip: _____

Phone: _____ Cell: _____ Fax: _____

E-mail: _____ Company Web site (If available): _____

Yes, I would like to receive the RMHC of Northeast Indiana E-newsletter!

FUNDRAISER INFORMATION:

Fundraiser Name: _____

Description: _____

How will you promote your fundraiser? _____

Date: _____ Time: _____ Location: _____

Is this event open to the public? Yes No Number of people expected: _____

PAST FUNDRAISER:

Have you organized a third-party fundraiser for RMHC of Northeast Indiana previously? Yes No

If yes, briefly describe the fundraiser and the gift provided to RMHC of Northeast Indiana: _____

FINANCIAL INFORMATION:

How will you raise funds through your fundraiser (e.g., ticket sales, donations, auctions, etc.)?

Will RMHC of Northeast Indiana be the sole beneficiary of your fundraiser? Yes No

If not, please list other beneficiaries and how proceeds will be divided: _____

A. How much do you expect to raise through your fundraiser? \$ _____

B. What are your total expected expenses? (Should not exceed 50% of total expected income) \$ _____

C. What are your anticipated net proceeds? (A minus B = C) \$ _____

Are you seeking sponsorship(s) for your fundraiser? Yes No

If yes, whom do you intend to contact? _____

MARKETING AND PROMOTIONS:

Upon approval, you may, in most instances, use the RMHC of Northeast Indiana name and logo. The RMHC of Northeast Indiana must approve all promotional materials before print or distribution, including – but not limited to – fliers, email, web content, and press releases. All material must clearly indicate that the fundraiser is not sponsored by RMHC of Northeast Indiana and should be listed as a beneficiary. Any conversations with the media regarding RMHC of Northeast Indiana and the fundraiser must be approved by an RMHC of Northeast Indiana representative. RMHC of Northeast Indiana reserves the right to withdraw the use of its name and logo at any time.

RMHC of Northeast Indiana would be pleased to offer assistance with any of the following in support of your fundraiser (please note that third-party fundraisers are to be hosted by the organization).

- Letter of Endorsement
- Press Release Distribution
- Information about Ronald McDonald House Charities Programs
- RMHC Logos
- Social Media Promotion

THIRD-PARTY APPROVAL:

Each third-party Fundraiser will be considered individually. Generally, the following fundraisers will not be approved:

- Fundraisers located in close physical proximity or date to another RMHC of Northeast Indiana event.
- Fundraisers that require RMHC of Northeast Indiana to sell merchandise, tickets, coupons, etc.
- Fundraisers that require RMHC of Northeast Indiana to purchase a booth.
- Fundraisers that require significant assistance from RMHC of Northeast Indiana staff and volunteers.
- Fundraisers associated with businesses or individuals known to conduct themselves in a manner not compatible with RMHC of Northeast Indiana’s mission and values.

I/We hereby acknowledge the following:

- I/We agree to provide adequate staffing and volunteers for this fundraiser.
- I/We agree to comply with all requirements of the IRS regarding donation receipts related to this fundraiser.
- I/We agree to use our own mailing list for this fundraiser.
- I/We acknowledge that RMHC of Northeast Indiana auditors may request verification of revenue from fundraisers through which contributions are made to RMHC of Northeast Indiana.
- I/We acknowledge that I/we have read the RMHC of Northeast Indiana Guidelines for hosting a Third-Party Fundraiser.
- I/We have completed the RMHC of Northeast Indiana Fundraiser Release form.
- I/We acknowledge RMHC of Northeast Indiana will not assume any legal or financial liability for the above-referenced fundraiser.

Fundraiser Coordinator/Contact name and Title	Date
RMHC of Northeast Indiana Representative	Date

THANK YOU. Your support will help keep families close to each other and the care they need to thrive.

Ronald McDonald House Charities of Northeast Indiana
 11109 Parkview Plaza Drive
 Fort Wayne, IN 46845

Submit your application to:
 Teresa White
 Chief Development Officer
 teresa.white@parkview.com 260-
 266-3593
 Fax #: 260-266-3599

Office Use Only: _____ Approved: _____ Denied: _____ Notified: _____

Comments: _____



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Release, Hold Harmless and Indemnification Agreement

I/We acknowledge receipt of the Ronald McDonald House Charities of Northeast Indiana Third Party Fundraising Guidelines and agree to comply with all provisions in organizing and holding our fundraiser. For valuable consideration, including the consent of RMHC of Northeast Indiana to use the RMHC of Northeast Indiana name and/or logo in promotional activities or materials, the undersigned, acting as an individual or on behalf of the organization identified below, being authorized to do so, does hereby agree to release, hold harmless and indemnify RMHC of Northeast Indiana, their trustees, officers, parent companies, employees, volunteers, agents, and representatives from any and all liabilities and claims of liability, or any nature whatsoever, arising out of, or in connection with, the third-party fundraiser conducted by the individual or organization identified below in which the name and/or logo of RMHC of Northeast Indiana is used including promotion of such fundraiser. The undersigned agrees and expressly represents that RMHC of Northeast Indiana is not a joint venture with the undersigned organizer in the management of the fundraiser, conduct, or sponsorship of the fundraiser and is merely a charitable beneficiary of the proceeds or portion of the proceeds derived from the fundraiser.

Name of Individual or Organization

Title of Authorized Person

Printed Name of Authorized Person

Signature of Authorized Person

Date