



Partner Application

Ronald McDonald House Charities® Eastern Wisconsin, Inc.
 www.RMHCHOME.org / 414.475.5333

Contact Information:

| | | | |
|--------------------------|-------------------|----------------|--------------|
| Organization | | Contact Person | |
| Address (Contact Person) | | | Apt or Suite |
| City | State | ZIP Code | Email |
| Home Phone Number | Work Phone Number | | Fax Number |

Special Event Information: Community Corporate UnSlumber

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|--|--|
| Description of Event <i>*If possible, please attach flyers and/or detailed descriptions.</i> | |
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| | |
| Location of Event | Date of Event |
| ***Community and Corporate Fundraisers Only Are RMHC staff/volunteers needed at this event? Staff: <input type="checkbox"/> Yes <input type="checkbox"/> No Volunteers: <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, indicate how many and what time: Quantity: _____ Time: _____ to _____ Provide a brief description of volunteer duties: |
| Fundraising Goal(s): Anticipated revenue: _____ % of revenue to be donated to RMHC: _____% | Other: (ie: Wish list items, gift cards, toys, etc.) |
| Will the fundraiser benefit any other organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate other organization(s): | |

Other Information:

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| How will the event be promoted? (ie: Invites, email, social media, etc.) |
| Will media be contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will the Ronald McDonald House logo be used in conjunction with other logos, trademarks, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No *** If yes, proofs must be approved by RMHC Eastern WI |
| Has the partner ever sponsored a fundraiser for RMHC Eastern WI? <input type="checkbox"/> Yes <input type="checkbox"/> No |



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The Ronald McDonald House Charities Eastern Wisconsin (RMHC) is grateful to be the beneficiary of financial support as a result of special fundraising initiatives or projects by generous individuals, groups and organizations. In order to ensure all proposed fundraising projects abide by our organizational guidelines, and to comply with regulations pertaining to non-profit organizations, we require:

(Please read and initial each numbered item and sign off at the bottom.)

1. Completion and return of attached Fundraising Application Form for review prior to authorization to conduct an event. This form should be submitted a minimum of 30 days prior to date of event. RMHC will review the request. All requests will be responded to no later than 15 days after receipt. **INITIAL ____**
2. Use of RMHC name or logo will only be authorized after completion and approval of form. Sponsor is authorized to use the Name: Ronald McDonald House Charities Eastern Wisconsin only in connection with the fundraising event, and only until the completion of the event, or termination of this agreement. All usage of the trademark of the Ronald McDonald House ® shall bear the registered trademark, "®" **INITIAL ____**
3. Any advertisements or press releases will be produced and implemented by the sponsor. Sponsor needs to seek approval from RMHC prior to their release. RMHC must be notified if the media is contacted. **INITIAL ____**
4. All communication materials must acknowledge that proceeds will benefit RMHC. **INITIAL ____**
5. RMHC assumes no responsibility for promoting the event. **INITIAL ____**
6. If applicable, it is up to RMHC staff discretion to involve a family, staff or volunteers at an event. **INITIAL ____**
7. Event sponsor agrees to comply with all necessary local or government regulations. This includes, but is not limited to; registering with the appropriate agencies, purchasing insurance, following any rules of disclosure currently required by the IRS, liability releases and required licenses (such as raffle license) or permits. **INITIAL ____**
8. The community event sponsor/organization holding the event intended to benefit RMHC agrees to indemnify and hold RMHC harmless from any and all claims that may arise as a result of this event **INITIAL ____**
9. Any event which requires that the RMHC solicit its donors or Board of Directors to make or solicit purchases will not be accepted. **INITIAL ____**
10. Sponsor shall perform all duties necessary for the successful completion of the event, and shall assume full obligation and responsibility for the payment of all expenses in connection with the event, without regard to the amount of funds collected for the event. **INITIAL ____**
11. Sponsor agrees to deliver to RMHC, promptly after the completion of the event, the proceeds, including pledges, and to provide a written accounting of the event within 30 days. **INITIAL ____**

I have read and agree to all of the above terms.

Name_____

Signature_____

Organization_____

Date_____

Please complete and return this application to RMHC Eastern Wisconsin.
No fundraising activity will be approved without receipt of a completed application.

Ronald McDonald House Charities
8948 Watertown Plank Road
Milwaukee, WI 53226
Phone: (414) 475-5333 ▪ Fax: (414) 475-6342

For RMHC Office Use Only:

| | | |
|----------------------------------|--|--------|
| Date Received: ____/____/____ | Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No By:_____ | Notes: |
|----------------------------------|--|--------|