

Thank you for your interest in raising funds and awareness for Moffitt Cancer Center. Through your generous contributions, we are closer to finding a cure for this terrible disease.

Any person or organization interested in promoting an event to benefit Moffitt Cancer Center must adhere to the following guidelines and complete the enclosed External Event Contract four weeks prior to the event date for consideration. Completed forms can be scanned and emailed to Courtney.Ryals@Moffitt.org or faxed to 813-449-6929.

FUNDRAISING GUIDELINES

- Any external person/organization (based on the financial contribution) wanting to use the Moffitt Cancer Center name and/or logo must have pre-approval from Moffitt Cancer Center before printing materials or posting to the Internet. Usage of logo must comply with Moffitt’s graphic standards. Any approval provided by Moffitt is only valid during the promotion run time. Moffitt Cancer Center has the right to rescind use of name and logo at any time if guidelines are not followed. _____
- Moffitt Cancer Center cannot ensure staff, volunteers, speakers or patient ambassador representation at an event. Attendance is determined by date and availability. _____
- It is the sole responsibility of the event organizer(s) to obtain all necessary permits, licenses, and insurance. Moffitt Cancer Center cannot be held responsible in any way for injuries and/or situations that may occur at an event. _____
- If event details change (i.e.: date, location, time, etc.) please notify Courtney Ryals at Courtney.Ryals@Moffitt.org. If your event is cancelled, please return any promotional materials provided to you by Moffitt. _____
- Moffitt Cancer Center will not provide tax exempt status, a tax identification number or tax receipt letter for any gifts you receive or solicit. _____
- Event organizer(s) will be liable for all event expenses. Moffitt Cancer Center and/or or any of their associated entities, employees, or governing bodies, shall not be liable for any expenses, debts, or fees associated with organizing any third-party event. All expenses incurred as a result of the event must be paid in full prior to net proceeds being donated to Moffitt Cancer Center. Once funds are received as a donation, they can only be directed for the intended purpose to the Moffitt Cancer Center and cannot be used to pay any expense related to the event. _____
- Funds raised from External Events must be received within 90 days and made payable to “Moffitt Cancer Center Foundation”. Failure to meet this guideline will result in Moffitt not endorsing future events. _____
- If funds raised are based on a portion or percentage of a sales promotion, a final accounting must be provided to Moffitt Cancer Center within 10 days upon request and retained for 3 years (Florida Statutes Section 496.414(2)). Failure to meet this guideline will result in Moffitt not endorsing future events. _____

Moffitt Cancer Center CANNOT:

- Provide tax exemption.
- Provide insurance or liability coverage or secure permits.
- Provide funding or reimbursement for external event.
- Provide a mailing list of donors, sponsors or vendors.
- Designate funds to support a specific patient's treatment.
- Participate in raffles of any kind.
- Endorse any products or services.
- Guarantee a Moffitt representative to attend an event or check presentation.

Options to submit your External Event Contract:

Mail:

Moffitt Cancer Center Foundation
Attn: Courtney Ryals
12902 Magnolia Drive
MBC-FOUND, 2nd Floor
Tampa, Florida 33612-9416

Fax: 813-449-6929

Email: Courtney.Ryals@Moffitt.org

FINANCIAL CONTRIBUTIONS vs. PROMOTIONAL SUPPORT TIERS

		FINANCIAL CONTRIBUTIONS					
		\$10,000 and Under	\$10,000 - \$25,000	\$25,000 – \$50,000	\$50,000 - \$75,000	\$75,000 - \$100,000	\$100,000 and up
PROMOTIONAL SUPPORT	Granted access to use the name Moffitt Cancer Center in accordance with the Contract.	✓	✓	✓	✓	✓	✓
	Event promoted through internal communications		✓	✓	✓	✓	✓
	Event added to online Calendar of Events		✓	✓	✓	✓	✓
	Event included in social media promotions		✓	✓	✓	✓	✓
	Moffitt rep will attend a check presentation		✓	✓	✓	✓	✓
	Moffitt doctor/expert will attend event to speak/present				✓	✓	✓
	Digital signage throughout the Cancer Center					✓	✓
	Sponsor receives opportunity to develop a Public Service Announcement & co-develop a news release						✓

**** A Moffitt representative will attend check presentations of \$10,000 donations or greater, that are held between the hours of Monday through Friday, 9 a.m. to 4 p.m., and within a twenty mile radius from the Moffitt Cancer Center Magnolia (USF) campus. Presence of a Moffitt representative is subject to availability.**

EXTERNAL EVENT CONTRACT

Event Name: _____

Description of Event: _____

Contact Person: _____ Ph. # _____ Ph. # _____

Mailing Address: _____

_____ Email: _____

Name of Host/Sponsor: _____ Ph. # _____

Please list any additional event sponsors: _____

Mailing Address of Host/Sponsor: _____

_____ Email: _____

Event Start Date: _____ Event End Date: _____ Ongoing Event? _____

Time of Event: From _____ a.m./p.m. To _____ a.m./p.m.

Location: _____

Number of people expected to attend: _____

Target audience: _____

How do you plan to promote the event?

(All printed or electronic materials that include the Moffitt Cancer Center name and/or logo must be approved by MCC prior to use.)

Promotion Run Time - In no event may Host/Sponsor use the Moffitt name or logo after the end of the approved Promotion Run Time

Start Date/Time: _____ End Date/Time: _____

Briefly describe the event and how funds will be raised:

Admission Auctions Donations Sales Pledges Other

Attach your budget to include: revenues, expenses, and anticipated proceeds.

***Moffitt Cancer Center is entitled to unrestricted access to the total dollar amount(s) collected, total expenses incurred and the detailed allocation of all proceeds acquired at the event. Documentation must be provided to Moffitt within 30 days of completion of the event.**

How much do you expect to donate to Moffitt? \$ _____

Please list other charitable organizations benefiting from this event: _____

Does the organization hosting the event have a 501 (c)(3) status? YES NO

Will you be soliciting businesses and corporations for underwriting, in-kind donations, products or services?
 YES NO

If yes, please list all businesses that you plan to ask for cash or in-kind support (products or services).

Business	Request (please include type & value of donation)
_____	_____
_____	_____
_____	_____
_____	_____

Have you selected Moffitt for this event in the past, if not what prompted you to select Moffitt Cancer Center?

To ensure that gifts are properly applied/acknowledged, please assist us by designating the method of your donation(s). Lump sum donations are preferred; however, other arrangements may be made:

- Lump Sum _____
Name of payer
- Individual Checks _____
Batched or Individually Mailed
- Third Party Payments _____
Name of payer

Important: Third-party payments (e.g. Click&Pledge.com, active.com, etc.) must include event name and/or primary contact for the event. Please request all checks be made payable to: Moffitt Cancer Center Foundation.

Is there a specific area in the Cancer Center or Research Center you wish to support?

- Research Patient Care Education Area of greatest need
- Other _____

Thank you for choosing the Moffitt Cancer Center Foundation as your charity of choice.

AGREEMENT OF RESPONSIBILITY:

I/we understand that Moffitt Cancer Center and its related companies (collectively "Moffitt") have no liability of any kind for any activity or action resulting from the efforts of our organization on behalf of Moffitt. I/we acknowledge that Moffitt must review and approve all promotional materials, including but not limited to, use of logo, advertising, letters, brochures, flyers, and press releases using the Moffitt name or logo, prior to production and distribution, and agree to limit the time of the use of Moffitt's name and logo to the agreed-upon Promotion Run Time as outlined on Page 3 of the Contract. Any use of Moffitt's name and/or logo will be strictly enforced. I/we agree to indemnify and hold Moffitt harmless for any claims for damages or injuries resulting from our organization's efforts in support of Moffitt. **Additionally, only net proceeds from the event will be received by Moffitt. No payments or reimbursements will be made by Moffitt for personal or event-related expenses. We acknowledge that if our organization does not have tax-exempt status, only those payments made directly to Moffitt are tax deductible.**

(Signature)

(Printed Name)

(Date)

<i>For Office Use Only:</i> Event approved: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: ____/____/____		
Appeal Code: _____	Appeal Description: _____	Campaign: _____
Fund ID: _____	Scanned on: ____/____/____	Contact's Constituent ID/Name: _____