Thank you for your support of No Stomach For Cancer! We appreciate your interest in helping us raise funds for stomach cancer research, awareness and education.

If you wish to help in the fight against stomach cancer by engaging in a third party activity or event for the benefit of NSFC, we ask that you understand and agree to the following guidelines.

This is to ensure that any activities done on our behalf accurately reflect our vision, mission and values, and that any use of our name or logo is in compliance with our trademarks. Thanks in advance for submitting this application!

- The NSFC Team

Is my activity a third party activity/event? Do I need to fill this application out?

If any of the following apply to your activity, then please fill this application out:

- I am soliciting donations at my event/activity to raise funds for NSFC
- I want to sell merchandise to raise funds for NSFC
- I want to use the NSFC logo on my merchandise, for the purposes of promoting my activity/event to raise funds for NSFC, or on any other materials that I am creating on my own or on a website/blog that I create to raise funds for NSFC

Overview

Third Party Fundraising Activities must be approved by NSFC in advance of the event or activity. Activities or events shall have monetary and other benefits to No Stomach For Cancer and must include one or more of the following:

- Support of the No Stomach For Cancer mission
- Create a public awareness for No Stomach For Cancer and/or stomach cancer
- The event must have financial profitability and positive public relations value
No Stomach For Cancer (NSFC)

Third Party Fundraising Event Application

www.nostomachforcancer.org | events@nostomachforcancer.org | (608) 692-5141

Today’s Date: ________________________________________________________________

Name of Party (Individual / Group / Organization):_____________________________________

Contact Name: ________________________________ Title: ___________________________

Address: ____________________________________________________________________

City, State and Zip: ____________________________________________________________

Phone: ________________________ Email: ________________________________________

Date of Activity/Event (if applicable):

______________________________________________________________

Proposed Activity/Event Name:

________________________________________________________

Location / Address of Activity/Event:

____________________________________________________

Please describe all aspects of the event in detail and any additional information you would like posted on our website (event start / end time, event contact name and email, website URL with additional event information, etc.) Attach additional pages as needed:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Number of expected participants: _____________ Total fundraising goal : _________________

Do you intend to use the name and/or logo of No Stomach For Cancer in your printed materials and in your publicity? YES / NO

Please describe how you will promote the activity/event:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________
No Stomach For Cancer will grant permission to use our name and logo following approval of your event application.

How did you learn about No Stomach for Cancer?
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Why did you choose to support No Stomach for Cancer?
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Please indicate the support you are requesting from No Stomach For Cancer for your activity/event. We will accommodate requests to the best of our ability.

___ Promotion of your event on the NSFC website
___ Letter of authorization to validate the intention of your event
___ Representative of NSFC to attend your event
___ No Stomach For Cancer Logo and/or artwork (subject to activity/event approval)
___ Other (please describe)
_________________________________________________________________________

For: __________________________________________(Group or Organization)
Name: _______________________________________ Title: __________________________
Signature: __________________________________________________________________Date: _________________
General Guidelines – please review and initial each item

For purposes of these guidelines “you” and “your” mean the individual, group or organization sponsoring or holding the activity/event. NSFC, “we,” and “our” mean No Stomach For Cancer, Inc.

As a result of your association with NSFC, all activities, both positive and negative, reflect not only on your event but also NSFC. It is for this reason that we have guidelines in place aimed at creating a successful event that achieves your intended goal while protecting the hard-earned positive reputation of NSFC.

1. Brand standards are designed for the uniform presentation of NSFC messaging, programs and services.

   a. Any use of the name or logo of No Stomach For Cancer, or use of other trademarks registered to NSFC, must be agreed to in writing prior to the launch of the activity/event. NSFC must review and approve all promotional materials prior to production or distribution. This includes but is not limited to all promotional materials including brochures, flyers, advertisements, merchandise, apparel or jewelry, publicity or website/social media communications. 

      ________ Initials 

   b. The No Stomach For Cancer logo must be used appropriately for your activity/event and must not be altered in any way. The full and proper name No Stomach For Cancer must be used. Use of the logo must adhere to established graphic standards. which we may provide. ________ Initials

2. Financial liability and accounting aspects are a major component of a third party fundraising activity/event and must be conducted in a manner consistent with NSFC core values.

   a. Because NSFC is not sponsoring your activity/event, we cannot process revenue and expense transactions. Only the final proceeds will be processed by NSFC. The preferred method of payment is a check or money order made payable to No Stomach For Cancer, Inc. ________ Initials

   b. As required by law, you may not keep any of the proceeds of the activity/event as compensation for sponsoring the event. All proceeds must be submitted to NSFC. ________ Initials

   c. You agree to handle all monetary transactions for the activity/event. Proceeds shall be presented to NSFC along with an accounting of funds collected and expenses incurred related to the activity/event within thirty (30) days of the completion of the event or as agreed in writing. ________ Initials
d. You will not open any bank accounts using NSFC’s name or taxpayer identification number. Any check donations listing NSFC as payee will be forwarded to NSFC for deposit in an NSFC bank account. __________ Initials

e. The tax exempt status of NSFC cannot be extended to any fundraising activity/event. You will not state that any portion of the purchase price for any goods or services at the activity/event is tax deductible for charitable purposes. __________ Initials

f. Only donations made directly to NSFC are tax deductible (to the extent permitted by law). NSFC will provide donation receipts for those donations made directly to NSFC by check or through direct online donations to NSFC provided that an email address or address is provided by the donor at the time of donation. __________ Initials

g. Donations made directly to a third party activity/event can be used to cover the event’s expenses, but they are not tax deductible. __________ Initials

h. NSFC will not incur any expenses or losses, nor be expected to provide funds on behalf of the activity/event organizer unless agreed to in writing prior to the event. __________ Initials

3. Responsibility for and Promotion of the Event

a. You are responsible for the planning and execution of the activity/event, including all set up, promotion, staffing and conclusion of the event. __________ Initials

b. You are required to obtain all permits, licenses or other items prior to the activity/event to ensure compliance with federal, state and local statutory requirements. Adequate time must be allocated. __________ Initials

c. You are responsible for providing liability insurance as required by law, or established business practice. NSFC is not responsible for any damages or injuries as a result of your activity/event.

d. When promoting the activity/event, please ensure that all written materials clearly state that “All Proceeds go to No Stomach For Cancer, Inc.” __________ Initials

4. Activity/Event Approval and Cancellation

a. All activities/events are subject to approval by NSFC. Do not make any public announcements or promote the activity/event until you receive approval from NSFC. __________ Initials
b. This is a one-time approval, and shall not imply approval of any future activities/events. Each activity/event must be approved by NSFC on an individual basis. _______ Initials

c. NSFC reserves the right to deny approval of any Third Party Fundraising Activity/Event. In such cases, there can be no mention of NSFC in your promotional material, and no association made or implied by you. _______ Initials

d. Should event planning and activities go against or counter to this agreement, NSFC reserves the right to cancel the event. _______ Initials

Thank you for your attention to these requirements. Your compliance ensures a successful event for you, for NSFC and most importantly, for raising awareness of stomach cancer and serving individuals and families affected by it.

5. Success! We want your event to be successful. Please visit our website, nostomachforcancer.org, to find: banners available to download to print locally, NSFC wristbands, Awareness cards and printable flyers with information on stomach cancer.

   a. NSFC may include your activity/event in any of our publications or on our online communications. We want to publicly acknowledge your hard work and success! A brief report and photographs would be appreciated. _______ Initials

I / we accept and will adhere to the NSFC Third Party Fundraising Activity/Event Guidelines.

Individual / Group / Organization ______________________________________________________

Name: ___________________________________ Title: _________________________________

Signature: _______________________________ Date: ____________________________

Third Party Activity/ Event Name: __________________________

Event Date (if applicable): _________________

No Stomach For Cancer, Inc.

Name: ___________________________________ Title: _________________________________

Signature: _______________________________ Date: ____________________________

Scan and email your completed NSFC Third Party Fundraising Activity Guidelines and Application to events@nostomachforcancer.org or mail hard copies to: No Stomach For Cancer, Inc., P.O. Box 46070, Madison, WI, 53744

NSFC will contact you to discuss your application. Once your application has been approved, a signed copy of the completed guidelines will be returned to you. If you have any questions concerning the application, the guidelines or any other issues, please call or email NSFC for assistance.
Third Party Fundraising Activity Guidelines - Attachment

Background on No Stomach for Cancer’s Mission, Core Values and Key Priorities

Because the purpose of any fundraising event staged on behalf of No Stomach For Cancer is to support the mission and programs of No Stomach for Cancer, it is essential that all fundraising activities, including Third Party Events, are conducted with attention to the mission, core values and key priorities of the organization. It is the expectation of No Stomach For Cancer that all Third Party Fundraising Events will be conducted in the spirit of the organization.

Our Envisioned Future

A world without stomach cancer

Our Mission

To support research and unite the caring power of people worldwide affected by stomach cancer

Our Core Values

We are people who care about the health and well-being of those affected by stomach cancer.

*We believe*

- All people should have an opportunity for a life free of stomach cancer
- Emotional support, connecting with others and a sense of belonging are vital to affected families
- Our work must be conducted in a fiscally responsible, trustworthy and ethical manner
- Collaboration and partnership will move us toward success

Our Key Priorities

- Advance awareness and education about stomach cancer, including Hereditary Diffuse Gastric Cancer (HDGC)
- Establish and maintain a network of support for affected families
- Support research efforts for early detection, screening and prevention of stomach cancer
- Sustain a strong and high performing organization