



## **Community Friends THIRD PARTY FUNDRAISING**

Thank you for selecting the Breast Cancer Coalition of Rochester as the beneficiary of your fundraising event or activity (mutually referred to as “event”). The Coalition relies on the willingness of individuals and organizations that generously initiate such events. We are honored and delighted to be selected and we are sincerely grateful to you for your efforts on our behalf.

*The Breast Cancer Coalition of Rochester’s mission is to provide support to those touched by a diagnosis of breast cancer, to make access to information and care a priority through education and advocacy, and to empower women and men to participate fully in decisions relating to breast cancer.*



**This packet contains the following information:**

**1. Fundraising Contact Form:**

*If you or your business/organization would like to host an event to benefit the Coalition, please complete the Third Party Fundraising Agreement prior to executing plans for your event. We strongly recommend an appropriate time period to ensure proper planning and carrying out of your event.*

**2. Fundraising Guidelines:**

*The Breast Cancer Coalition of Rochester, Inc. has established guidelines for those wishing to plan events to benefit the Coalition. Please review these guidelines carefully. Upon written approval of your proposal or plan, the guidelines become part of your agreement with the Coalition and you will be responsible for compliance.*

**3. Acknowledgement Form:**

*Third party fundraiser organizers must ensure that they have read and understand these established guidelines and protocols.*

**4. Signatory of Agreement**

*The Agreement should be completed and signed by an authorized representative of your business/organization. For events sponsored by individuals, the primary individual should complete and sign as the authorized representative.*

**5. Financial Summary:**

*Please complete the Third Party Fundraising Financial Summary form and return it to the Coalition within ninety (90) days following your event, as required by New York State Charities Bureau laws. If you have questions, answers may be found here:*

[http://www.charitiesnys.com/pdfs/statute\\_booklet.pdf](http://www.charitiesnys.com/pdfs/statute_booklet.pdf)

**6. Media Release Form:**

*We look forward to receiving photos of your event and sharing details with the Coalition community. Please send photos and media links or clippings, if available, to [want2help@bccr.org](mailto:want2help@bccr.org) as soon as possible after the event, including a signed copy of the Media Release Form.*

As a final note, although we actively encourage third-party fundraising, we must approve events in advance as well as any materials that will include the Coalition's logo. Though we strive to approve events as quickly as possible, review may take as long as two weeks. We appreciate your interest in fundraising for the Breast Cancer Coalition and we look forward to working with you. Please contact us with any questions.



Breast Cancer Coalition of Rochester  
[www.breastcancercoalition.org](http://www.breastcancercoalition.org)

**Community Friends  
Third Party Fundraising Contact Form**

*Please complete this form in preparation for your event. Questions should be directed to the Breast Cancer Coalition at (585) 473-8177 or [want2help@bccr.org](mailto:want2help@bccr.org)*

**Responsible Party Sponsoring Event (Signatory of Agreement)**

Name of Sponsoring Organization / Group / Individual \_\_\_\_\_

Individual Name / Title \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_

**Primary Contact for Event (If different than above)**

Individual Name / Title \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_



## THIRD PARTY FUNDRAISING GUIDELINES

### Purpose:

A third-party fundraiser is any fundraising activity or event organized by a non-affiliated group or individual in which the Breast Cancer Coalition has no fiduciary responsibility and little or no staff involvement. Third-party fundraising events should fit the **mission** and promote the appropriate image of the Breast Cancer Coalition of Rochester.

The Breast Cancer Coalition of Rochester's **mission** is to provide *support* to those touched by a diagnosis of breast cancer, to make *access* to information and care a priority through *education* and *advocacy*, and to *empower* women and men to participate fully in decisions relating to breast cancer.

### Permission:

Fundraising events must comply with all local, state and federal laws.

The Attorney General's office notes that the Breast Cancer Coalition of Rochester has a fiduciary duty to ensure that its name is being used properly, that the funds are being handled and accounted for in a responsible manner and according to NYS Charities Bureau laws, and that the fundraising is being conducted in a manner that is consistent with the mission and image of our organization. If you are uncertain of charities laws that may apply to you or your fundraiser, please refer to the link below or consult with a Breast Cancer Coalition staff member.

[http://www.charitiesnys.com/pdfs/statute\\_booklet.pdf](http://www.charitiesnys.com/pdfs/statute_booklet.pdf)

Ethical standards and principles are the foundation for maintaining public trust for all fundraising done by and/or for the Breast Cancer Coalition. We adhere to, and ask our fundraising friends to adhere to, the Association of Fundraising Professionals (AFP) Code of Ethics.

Please read about the AFP Code of Ethics here:

<http://www.afpnet.org/Ethics/EnforcementDetail.cfm?ItemNumber=3261>

### Event Approval:

All fundraising events on behalf of the Breast Cancer Coalition of Rochester require approval in advance. Please do not make public announcements or promote the event until your event is approved.

Approval for your event is specific to the dates and location you indicate on the Third Party Agreement. If you intend to repeat the event, you must submit a new request.

**Event Assistance:**

Please understand that the volume of requests typically exceeds the number of Breast Cancer Coalition representatives available to attend or assist with events. While we do our best to provide the representatives you may have requested, we cannot guarantee attendance of directors, staff, volunteers, or participants/patrons at your event.

If you would like to request a speaker or representative for your event, please provide the details in your event or promotion proposal.

As requested and appropriate, the Coalition will provide our brochures, pamphlets, newsletters and/or other informational materials, promoting and explaining the work of the Breast Cancer Coalition of Rochester. Please let us know your needs as soon as possible so we can make sure we have sufficient quantities for your event.

The Coalition is unable to provide mailing lists to third party fundraisers. Event organizers must have their own list of potential contributors, volunteers, patrons and/or participants.

The Coalition cannot solicit sponsors for any third-party event and does not provide donor or member contact information.

The Coalition does not solicit or accept tobacco-related, oil or natural gas-related, pesticide-related, or pharmaceutical-related sponsors for any event.

**Event Promotion & Logo Usage:**

The third party individual/group/organization holding the event must represent themselves as a third party fundraiser(s), rather than staff, members, or otherwise affiliated with the Breast Cancer Coalition of Rochester.

The Breast Cancer Coalition of Rochester logo is a registered trademark and cannot legally be reproduced without written permission. If the Coalition logo is to be used in publicity and marketing materials, the Coalition must approve in writing any materials incorporating our logo prior to production and release.

The full name of our organization is the Breast Cancer Coalition of Rochester and the Coalition should be identified by its full name in the first reference in all materials pertaining to the event. The term "Coalition" may be used in references thereafter. To avoid confusion, please do not use other variations or abbreviations of our name.

Promotions for the event must reflect the Coalition as the beneficiary, not the host, presenter, sponsor or partner.

## Event Language:

If an approved product or service will be benefitting the Coalition, adherence to required Better Business Bureau language is required. All collateral materials relating to the promotion must specify:

- That written information about the Breast Cancer Coalition of Rochester is available by calling (585) 473-8177 or visiting [www.bccr.org](http://www.bccr.org)
- The actual or anticipated portion of the sales, proceeds, promotion, donation that will benefit the Breast Cancer Coalition of Rochester
- That the Breast Cancer Coalition of Rochester is the benefitting organization and how the Coalition will benefit. Consider whether your language addresses the following questions, taking care to be as clear as possible:
  - What part of the event will benefit the Coalition? (Ticket sales, raffles, percentage of sales, other sources of income) Suggested language: *“All proceeds to benefit the Breast Cancer Coalition of Rochester.”* Or *“25% of the ticket price will benefit the Breast Cancer Coalition of Rochester.”*
  - Will any portion of donor, sponsor, participant, customer funds be used to defray expenses?
  - Is there a cap on your donation?
  - If a certain goal is not met, is it possible there will be no donation? If so, how will participating patrons be informed that this goal was not met?

## Event Insurance

The event organizer(s) assume all liability risk related to the event.

If required, event organizers must obtain their own liability insurance to cover the event. If a liquor license is required, it is the responsibility of the event organizers to obtain such a license. Please add the “Breast Cancer Coalition of Rochester” as an additional insured to your insurance policy. A copy of the Certificate of Endorsement page needs to be forwarded by one of the following two methods:

E-mail: [want2help@bccr.org](mailto:want2help@bccr.org) with your event name listed in the subject line

Mail: Breast Cancer Coalition of Rochester  
1048 University Avenue  
Rochester, NY 14607

Fax: (585) 473-7689

## **PUBLICITY:**

### **Publicity Pre-Event**

With appropriate notice, the Breast Cancer Coalition of Rochester is able to assist with the promotion of your event through:

- The Breast Cancer Coalition website with a link to your event on your website, if appropriate
- *Voices of the Ribbon*, our newsletter published four (4) times per year and reaching readership of >10,000, if timely and space permits
- E-mail “blast” of information about your event to our e-mail database
- Announcement of your event via social media including Facebook and Twitter
- Post your printed material on our community bulletin board
- Place promotional materials in our reception area
- Announce event information at our weekly Brown Bag program
- Assistance with press releases announcing and/or promoting the event, if desired.  
*Please note: We cannot write or send your press releases for you.*

### **Publicity Post-Event**

- The Coalition requires that event organizers adhere to ethical reporting of fundraising results. Only NET proceeds may be reported to participants, media, and the wider community. Net proceeds are the actual funds presented to the Coalition.
- The Coalition will provide acknowledgement of the event in *Voices of the Ribbon*, our newsletter published four (4) times per year and reaching readership of >10,000. We will write a summary of the event, including a photo (if provided) if media release is signed and submitted. (Please remember to take photos of your event so that we may select one for the newsletter, space permitting.)

### **Please note:**

The Breast Cancer Coalition is a grassroots, community-based, independent organization unaffiliated with a national group or organization. ***Due to budgetary constraints and our desire to allocate maximum funds to the services we provide, we regret that we are unable to provide promotional pink ribbon pins or other such items for your event.***

## **Solicitations of Corporate Donations, Sponsorships and In-Kind Donations**

Over many years, the Coalition has received generous donations of funds and services from a generous community. Please remember that many individuals and businesses already support the Coalition and may not wish to make additional donations.

In-Kind Sponsorship is defined as a donation of a product or service such as printing or silent auction items. The Coalition cannot solicit in-kind sponsors for any third party fundraiser. In-kind sponsors and cash sponsors must be differentiated.

## **Tax Receipts and Donor Acknowledgement**

In order to guarantee proper acknowledgement of event donors and to provide proper tax documentation, the Coalition requires a list of event donors including name, address, donation amount and value in a timely manner and no later than ninety (90) days following the event or promotion completion. *This is only necessary if acknowledgement of a donation is desired of an individual or entity.*

## **Event Expenses and Income**

If you must purchase goods for the event, or if expenses will be incurred, please consider the following:

The Coalition is unable to reimburse you for the purchase of these goods and services.

The event planner/host may not take a fee, commission, or salary from the event.

If event expenses are greater than the total collected, the group conducting the event is responsible for payment of these additional expenses.

The Coalition's tax exemption on purchases cannot be extended to any third-party event.

Funds raised should be presented to the Coalition as soon as possible following the event, and no later than ninety (90) days of the event in accordance with New York State Charities Bureau Laws.

As a general rule, if funds raised are to be used to defray event expenses, these should be no more than 30% of the funds raised.

In accordance with law, a donation solicited on our behalf is fully tax-deductible only when it is made directly and entirely to the Coalition.

Only checks made payable to the Coalition of Rochester will be provided with a tax-deductible acknowledgement letter. These must be delivered for processing immediately following the event.

If cash donations are taken, and donors request acknowledgement for tax purposes, the following legible information must be collected and reconciled with the proceeds given to the Coalition: name, address, amount given and date given. Collection of this information is the sole responsibility of the event organizers.





## ACKNOWLEDGEMENT FORM

*Responsible party must initial each of the following acknowledgements.*

\_\_\_\_\_ I have read and agree to comply with the Breast Cancer Coalition Third Party Fundraising Guidelines. I understand that the Guidelines are a part of this Agreement.

\_\_\_\_\_ I understand that this is a proposal and I may not execute the event without prior written approval by the Breast Cancer Coalition.

\_\_\_\_\_ I understand that publicity and other marketing materials containing the Coalition's name and/or logo must be approved by the Breast Cancer Coalition prior to production and release.

\_\_\_\_\_ I understand that I am being granted permission to use the Breast Cancer Coalition logo and will not distort the design or display the logo in an inappropriate manner.

\_\_\_\_\_ I have read and understand the Third Party Fundraising Third Party Guidelines.

\_\_\_\_\_ I have read and understand that I must return the completed Third Party Fundraising Financial Summary form to the Breast Cancer Coalition in a timely manner and no later than ninety (90) days following the end of the event or promotion.

\_\_\_\_\_ I will send photo(s) and copies or links to media coverage, including a signed copy of the "Photo/Media General Release Form".

\_\_\_\_\_ I agree and to hold harmless the Breast Cancer Coalition of Rochester, its directors, employees, legal representatives, and volunteers, for any expenses, losses, claims or damages resulting from your event or the noncompliance with any term or provision of the Breast Cancer Coalition. Furthermore, I understand that the Breast Cancer Coalition insurance will not cover Third Party events.



## SIGNATORY OF AGREEMENT

I have carefully read and fully understand the Breast Cancer Coalition of Rochester's Third Party Fundraising Guidelines and Agreement. I am aware that a letter of approval must be issued by the Coalition prior to conducting this event. I am aware that the event approval process may take up to two (2) weeks.

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Signature (for electronic submission, your typed full name on this line serves as your signature)

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Printed Name

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Title

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Organization / Business Name, if applicable

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Date

On behalf of the Breast Cancer Coalition of Rochester and those we serve, our staff and Board of Directors wish to thank you for your interest in our organization, for reaching out to us, for helping us honor our mission. We cannot possibly provide services to the thousands living in the aftermath of a breast cancer diagnosis without your generous support. Thank you for keeping your support of breast cancer initiatives... LOCAL!

Please return the completed packet by one of the following methods:

E-mail: [want2help@bccr.org](mailto:want2help@bccr.org)

Mail: Breast Cancer Coalition of Rochester  
1048 University Avenue  
Rochester, New York 14607



## THIRD PARTY FUNDRAISING FINANCIAL SUMMARY

Please complete as soon as possible after your event and not later than ninety (90) days after the completion of your event or promotion. Please forward as indicated below.

\_\_\_\_\_  
Third Party Fundraising Event Name

\_\_\_\_\_  
Third Party Fundraising Primary Contact

\_\_\_\_\_  
Date of Third Party Fundraising Event

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

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

\$ \_\_\_\_\_  
Net Income (Actual Donation)

Please mail the proceeds from your event along with this form and any other support documentation for proper donor acknowledgement as soon as possible after your event and not later than ninety (90) days following the completion of your event or promotion to:

Breast Cancer Coalition of Rochester  
1048 University Avenue  
Rochester, New York 14607

Please make checks payable to: Breast Cancer Coalition of Rochester

If possible, please consider delivering the proceeds in person. These visits are day brighteners to our hardworking staff.



## MEDIA RELEASE FORM

I hereby authorize the Breast Cancer Coalition of Rochester, hereafter referred to as 'the Coalition', to publish photographs, video and media taken of our event \_\_\_\_\_ on \_\_\_\_\_ and my name and likeness, for use in/on the Coalition's print, online, slides and video-based marketing materials, as well as other Coalition publications.

I hereby release and hold harmless the Coalition from any reasonable expectation of privacy or confidentiality associated with the images, slides, video and media specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs, slides, video and media or participation in Coalition marketing materials or other Coalition publications. I acknowledge and agree that publication of said photos, slides, video and other media confers no rights of ownership or royalties whatsoever.

I hereby release the Coalition, its contractors, employees, volunteers, Board of Directors, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation or event.

### AUTHORIZATION

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Street Address: \_\_\_\_\_

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