

**Third Party Fundraising Event Form**

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| Organization Contact Person |
| Street Address of Contact Person |
| City State Zip |
| Email Phone |
| Organization’s Purpose Size of Membership |

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| Description of Fundraising Event |
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| Location of Event Date of Event |
| Anticipated Income from Event Gross Net |
| RMHC Staff to Attend?\* Yes No \*RMHC Staff attending event is based on availability. |

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| How will the Event be Promoted? |
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| Will the Event Involve the Serving of or Association with Alcoholic Beverages? Yes No  |
| Will the Ronald McDonald House Charities of Madison logo be used in conjunction with other logos, trademarks, etc.? Yes No *If yes, proofs must be approved by RMHC-Madison.* |
| Has your Organization ever sponsored an event for RMHC-Madison? Yes No  |

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**Covenants**

We will conduct the event for the benefit of Ronald McDonald House Charities of Madison (“RMHC-Madison”) in accordance with the provisions of this proposal.

We will maintain the insurance coverage evidenced by the Certificate of Insurance accompanying this proposal throughout the pendency of the event.

Our conduct of the event will conform to applicable laws, rules, regulations and ordinances.

We will not use any trade or service mark or related copyright of McDonald’s Corporation (“McDonald’s”), except as authorized by McDonald’s. All material using the Ronald McDonald House Charities name or logo will be submitted by us to RMHC-Madison for approval prior to the publication or use of such material.

We will indemnify and hold McDonald’s, its subsidiaries, affiliates, and franchises, Ronald McDonald House Charities, RMHC-Madison and their respective trustees, directors, officers, employees, volunteers, and agents harmless from and against any and all claims, liabilities, judgments, penalties, settlements, losses, damages, and expenses, including court costs and reasonable attorney’s fees, incurred or suffered by these parties in connection with or as a result of the event.

**Organization Consent**

In consideration of the fundraising event for the benefit of RMHC-Madison, as more fully described in this proposal, RMHC-Madison hereby consents to the event upon the terms and conditions set forth herein.

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| Signature Title Date |
| RMHC-Madison Representative Signature Title Date |

Please complete and return to Ronald McDonald House Charities of Madison.

**No fundraising activity will be approved without receipt of a completed form.**

Return to:

Ronald McDonald House Charities of Madison

2716 Marshall Court

Madison, WI 53705

kdrake@rmhcmadison.org

(402) 909-2299

**Thank you for supporting Ronald McDonald House Charities of Madison.**