



Thriving Pink Third Party Fundraising Agreement

ADDRESS: 501 2nd St, Davis, CA 95616 – PO Box 72314, Davis, CA 95617

WEBSITE: www.thrivingpink.org

TAX ID: 81-2972130

FULL LEGAL NAME OF THIRD PARTY: _____

PRIMARY CONTACT: _____ **EMAIL:** _____

THIRD-PARTY ADDRESS: _____

CITY, STATE, ZIP: _____ **TELEPHONE:** _____

DATE OF EVENT (include range if applicable): _____ **EVENT TIME:** _____

DESCRIPTION OF EVENT: _____

LOCATION OF EVENT: _____

DONATION STRUCTURE (describe the basis of the donation to be made to Thriving Pink, i.e. flat donation, event admission, pledges, guaranteed minimum donation, etc): _____

DONATION PAYMENT SCHEDULE:

- Payment of all donations to Thriving Pink no later than 45 days after the of Event.
- Other (explain schedule): _____

PAYMENT PROCEDURE AND REPORTING: The Third Party shall be responsible for handling all monies in connection with the Event. All donations accrued in connection with the Event shall be paid to Thriving Pink within 45 days following the event. Payments may be made by check and sent to Thriving Pink’s address listed on Page 1 of this Agreement. With each payment, the Third Party shall include a reasonably detailed project calculation.

REQUEST PERMISSION TO USE THE FOLLOWING (check all that apply):

- Thriving Pink Name
- Thriving Pink Logo
- Thriving Pink Website
- Thriving Pink Facebook Page/Instagram
- Other: _____

****The items selected above may be used by the Third Party during the term of this agreement for the sole purpose of promoting the Event. The Third Party will present to Thriving Pink for its approval (prior to printing, distribution, publication, display, or use) any and all promotional materials to be made by the Third Party.***

PROMOTION OF THE EVENT: The Third Party agrees to promote the Event as follows: _____

****All promotional and sales materials advertising the Event must state the exact dollar amount or percentage of the retail price of all monies from the event that will be donated to Thriving Pink.***

****The Third Party may only promote the Event in the following service area of Thriving Pink: Yolo County***

REQUEST FOR THRIVING PINK PROMOTIONAL MATERIALS:

- ____ QTY. Thriving Pink Brochure (English)
- ____ QTY. Thriving Pink Brochure (Spanish)
- ____ QTY. Brest Health Shower Card

REQUEST FOR THRIVING PINK REPRESENTATIVE TO ATTEND THE EVENT:

- Yes Time of Arrival: _____ Duration: _____
- No

****Thriving Pink cannot guarantee the attendance of a representative at an event fundraiser. But every effort will be made to have someone at the event.***

INSURANCE: The Third Party shall obtain all insurance necessary for the safe and lawful conduct of the Event. Not later than 7 days prior to the Event. The Third Party shall provide Thriving Pink with a certificate of insurance as evidence of the insurance coverage.

SEE SIGNATURES ON LAST PAGE OF AGREEMENT

Effective Date: _____

THRIVING PINK

Signature: _____

Name/Title: _____

THIRD PARTY

Signature: _____

Name/Title: _____

