Community and Corporate Partners
Community and Corporate Partners

The OSUCCC – James Community Partners Program consists of corporations, individuals and community groups who raise funds in support of our vision to create a cancer-free world. From corporate initiatives to local events, our more than 400 Community Partners bring in significant dollars to further research, education and patient care at the OSUCCC – James.

We are grateful to all groups interested in supporting our endeavors in prevention, detection, treatment and research. We want your event/initiative to be a success. Please carefully review the following policies, guidelines and support levels, which have been designed for the protection of both the fundraising group and/or individual and the OSUCCC – James.

Community Partners includes any company, organization or individual that is raising money on behalf of the OSUCCC – James through a fundraising initiative. Fundraising activities can include, but are not limited to, events, special initiatives, promotions, and other means of raising funds to support the OSUCCC – James.

Our Corporate Partner/Cause Marketing relationship is defined as any business or organization that is promoting a product, event or service as benefiting the OSUCCC – James to the public through in-store or media marketing and public relations tactics.

Please call the development office should any questions arise while planning your event/initiative.

The James Development Office
614-293-4927
CommunityPartnerEvents@osumc.edu
go.osu.edu/JamesCommunityPartners

TABLE OF CONTENTS

As you plan your event/initiative to benefit the OSUCCC – James, please refer to the pages below for guidelines.

Before Your Event
- Partnership Guidelines
- Marketing and Promotion
- Social Media Guidelines

Levels of Support

At Your Event
- Silent Auctions
- Event Staffing/Representation

After Your Event
- Donation Submission

Forms
- Community Partner Initiative Information Form
- Gift Transmittal Form
Before Your Event

PARTNERSHIP GUIDELINES

The OSUCCC – James Development and Marketing offices must approve all Community Partner activities among the OSUCCC – James, its funds and any corporation/organization or donor.

As a general rule, fundraising activities approved by the OSUCCC – James should:

• have as the primary goal the promotion of a healthcare-related cause;
• promote a product and/or service that is beneficial to the consumer;
• support the mission and values of the OSUCCC – James;
• adhere to OSUCCC – James branding identity and standards;
• have a positive impact on the OSUCCC – James reputation;
• and generate sufficient revenue to justify the commitment of OSUCCC – James resources.

The OSUCCC – James reserves the right to deny any request for a special event/fundraising initiative that does not appropriately reflect the mission and values of the OSUCCC – James or a positive image of the OSUCCC – James. Representatives of the OSUCCC – James may not approve a cause-related marketing relationship if:

• the event/initiative also benefits other organizations – that compete or conflict with our missions and values;
• the event/initiative would potentially conflict with existing OSUCCC – James philanthropic relationships;
• the event/initiative would conflict with a marketing or public relations campaign;
• entering into a relationship constitutes a real or perceived conflict of interest for OSUCCC – James, for example, events/initiatives involving telemarketing or door-to-door solicitation;
• the event/initiative asks for the use of names and/or stories of OSUCCC – James patients for use in promotion;
• the events/initiatives fail to comply with any municipal, county, state and/or federal law;
• the events/initiatives involve promotion of a political party, candidate, or appear to endorse a political issue(s); and
• the event/initiative would require any source of funding from the OSUCCC – James.

Exceptions to the above may be granted on a case-by-case basis under consideration of extraordinary circumstances.

The OSUCCC – James reserves the right to terminate any Community Partners relationship at any time.

ADDITIONAL GUIDELINES

Other Beneficiaries and Partners – The OSUCCC – James must be notified in advance if another organization(s) will also benefit from this event/initiative, or if any other organization(s) will participate in the fundraising activity.

Tax ID – The OSUCCC – James is not able to provide its foundation tax ID number to any Community Partners planning events/initiatives to benefit the OSUCCC – James. In addition, please do not represent to the public that your event/initiative benefits from any tax-exempt rights or privileges as a result of your relationship with the OSUCCC – James. However, the OSUCCC – James can provide you with a letter of intent, confirming to any potential sponsors or donors that we are aware of your event/initiative and that the proceeds will be supporting the OSUCCC – James.

Product Approval – If a product is being sold or distributed for benefit of the OSUCCC – James or its funds, a sample of the product is required for approval by the development office and marketing department. If using an Ohio State logo or trademarked identity, these items must have approval from Ohio State’s Office of Trademark and Licensing before production. Please submit the product at least four weeks prior to production for approval. Please note that not all philanthropic initiatives will be approved to use Ohio State trademarks. For more information, contact Ohio State’s Office of Trademark and Licensing at 614-292-1562.

Services Approval – If a service is being marketed to consumers and a donation is made to the OSUCCC – James as a result, approval from the OSUCCC – James development office and marketing department must be obtained at least four weeks prior to promotion of the initiative.

Exclusivity – The arrangements made between the OSUCCC – James and you or your organization create no exclusive rights with this event/initiative because the OSUCCC – James may be the recipient of funds from its participation in other similar events/initiatives.

Permits – The OSUCCC – James cannot be involved in any manner with permits that include the use of our name, to include F2, F3 and like permits for serving alcohol at your event.

Liability – The OSUCCC – James is not liable for any injuries sustained by event coordinators, volunteers or participants related to an event/initiative benefiting the OSUCCC – James, and cannot assume liability for your event. Obtaining proper liability coverage is the responsibility of the community partner.
MARKETING AND PROMOTION

The Community Partner/organizer is responsible for the marketing and promoting of the event/initiative including media, press releases, posters, flyers and advertising.

All materials and publicity must be approved by the OSUCCC – James marketing department prior to printing or production. This includes any commercial scripts/art, press releases, posters, flyers, web pages, and postings and advertising.

Marketing Plan – If the Community Partner is implementing a marketing and publicity plan around an event or initiative, a plan outlining how all the OSUCCC – James branding, logos and marks will be used must be submitted four weeks in advance.

Disclosure - Publicity may not suggest that the event/initiative is being sponsored, co-sponsored or produced by the OSUCCC – James, but must clearly state that the OSUCCC – James is the beneficiary. The corporation/organization must clearly disclose in all promotional materials that proceed from the promotion that the OSUCCC – James will benefit from the proceeds of the event/initiative, as stipulated by the development and marketing offices. Per Ohio law, all promotional materials should disclose the exact amount benefiting the OSUCCC – James. This is also done to help ensure that references to the OSUCCC – James are in compliance with our branding standards, as well as meeting regulatory guidelines, thus providing a transparent view of the relationship to the public.

Logo/Photo/Mark Use – Logo use is not permitted without approval from the OSUCCC – James marketing department. In order to use logos, photos or marks of the OSUCCC – James or its related funds, we require:

- a minimum donation of $10,000 regardless of sales (special considerations for the OSUCCC – James or fund logo use may be made for higher-profile relationships or relationships that utilize $10,000 or more in promotion of the event, products or services);
- all use of OSUCCC – James logos, photos, names and marks must be approved prior to use through the marketing department. This use will only be approved for use by a third party for a specific amount of time and for a specific purpose, unless otherwise agreed.

We will provide the proper line listing for use in any promotions for cause-related marketing donations under the $10,000 threshold.

Endorsement – The OSUCCC – James cannot “endorse” any product and/or service, and may require a corporation/organization to include language stating this in any promotion.

Access to Employees and Patients – To maintain patient, donor and employee confidentiality, the OSUCCC – James cannot provide any internal mailing/donor lists to a third-party corporation/organization and is unable to mail information on behalf of the event/initiative.

Event/Initiative Promotion within The Ohio State University – The OSUCCC – James can often assist in promoting your event/initiative through selected internal communications opportunities to OSUCCC – James faculty and staff, depending on your Level of Support. However, placement cannot be guaranteed. If you would like your event/initiative information submitted to these publications, a press release or an event fact sheet is required four weeks prior to your event/initiative.

References to the OSUCCC – James – When referencing The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, please follow the naming reference guidelines below.

Naming guidelines:

- First Reference: The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (OSUCCC – James)
- Second Reference: Ohio State’s Comprehensive Cancer Center – James Cancer Hospital and Solove Research Institute
- Third Reference: the OSUCCC – James

References to the Spielman Fund – When referencing The Stefanie Spielman Fund for Breast Cancer Research OR The Stefanie Spielman Patient Assistance Fund at The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute, please follow the naming guidelines below.

Naming guidelines:

- First Reference: the Stefanie Spielman Fund for Breast Cancer Research at The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute (OSUCCC – James)
- Second Reference: the Stefanie Spielman Fund for Breast Cancer Research
- Third Reference: the Spielman Fund

For information about funds or specific areas of interest, please contact the Office of Development at 614-293-4927.
COMMUNITY PARTNER SOCIAL MEDIA GUIDELINES

Support from the OSUCCC – James

Community Partner events/initiatives raising $10,000 or more are entitled to social media support from the OSUCCC – James. Social media support will be provided at the sole discretion of the OSUCCC – James and may include, but is not limited to, support on the following networks:

- Facebook
- Twitter
- LinkedIn
- Google+
- YouTube
- Pinterest
- OSUCCC – James Blog

Community Partners are encouraged to provide the OSUCCC – James with key message points, photos, graphics, videos, etc. to aid in creating content for social media use. If content is not provided by the Community Partner, the OSUCCC – James reserves the right to create graphics for social media promotion if needed. In addition, Community Partners are encouraged to send the OSUCCC – James links to social profiles they manage for their event/initiative to be tagged, shared, etc. from OSUCCC – James accounts.

Additionally, those Community Partners who tag the OSUCCC – James social networks in their posts will benefit from additional exposure. See below for a complete list of OSUCCC – James managed networks:

- OSUCCC – James Facebook – cancer.osu.edu/Facebook
- OSUCCC – James Twitter – cancer.osu.edu/Twitter
- OSUCCC – James LinkedIn – cancer.osu.edu/LinkedIn
- OSUCCC – James Google+ – cancer.osu.edu/GooglePlus
- OSUCCC – James YouTube – cancer.osu.edu/YouTube
- OSUCCC – James Pinterest – cancer.osu.edu/Pinterest
- OSUCCC – James Blog – cancer.osu.edu
- Spielman Fund Facebook – Facebook.com/SpielmanFund
- Spielman Fund Twitter – Twitter.com/SpielmanFund

Best Practices for Using Social Media for Your Event/Initiative

Identify most appropriate networks.
Not all social networks are created equally. Some may be more effective for your event/initiative than others, and this is largely dependent upon your audience. Take a moment to identify your target audience(s) and on which networks they are most likely to be active. Reference Pew Internet research to identify demographics associated with popular social networks.

Develop and use a unique hashtag.
A hashtag unique to your event/initiative will allow social media users to see conversations regarding your event/initiative in one, easy glance. It will also allow them to see an entire collection of information about your event/initiative as opposed to conversations generated only by your brand/page.

Hashtags should, ideally, be fewer than 12 characters and, most importantly, unique to your event/initiative. To check whether your proposed hashtag is unique, visit www.topsy.com and search for your hashtag.

Leverage online influencers.
Identify and reach out to social media users influential in the industry or influential on your topic of interest. Offer these influential users something “exclusive” in order to entice them to share your messaging and cause. For example, if you are hosting a 5k race to benefit the Stefanie Spielman Fund for Breast Cancer Research, offer online influencers free registration, as well as an exclusive meet and greet with event chairs at the finish line.

5 Easy Ways to Support the OSUCCC – James on Social Media

1. Use #TheJames hashtag. Hashtags are supported on Facebook, Twitter, Google+, Pinterest, YouTube and Instagram. Use it in your posts or as a search term to follow and join in on the conversation.
2. Show your pride. Edit your social media profiles to indicate that you work at The James. On LinkedIn, edit your job experience. On Facebook, add us to your “about” section. On Twitter, update your bio to say you work for the @OSUCCC_James.
3. Engage with us. Like, comment, share, retweet, favorite, repin, etc. Share updates by the OSUCCC – James on Facebook, Twitter, LinkedIn, Google+, YouTube and Pinterest with your friends and followers.
4. Subscribe for updates. The new OSUCCC – James Blog shares information about treatment, research and giving back (among other things). Share these blog posts on your social networks to inform others.
5. Spread the word. Tell patients, colleagues, family and friends to connect with the OSUCCC – James on social media.
At Your Event

SILENT AUCTIONS

Silent auction items should each be valued at the fair market value. This value must be listed on the bid sheet at the auction table or included in any printed list of auction items, including live auction item descriptions.

- Items valued at $5,000 or more require a qualified appraisal by a qualified appraiser, per IRS guidelines.
- If an item is not valued, or is valued as priceless, the final auction bid establishes the item’s fair market value, therefore no portion is tax deductible. Autographed items are deemed priceless.
- Fair market value of the item must be disclosed in order to provide gift credit. The charitable portion is that above the fair market value.
- Due to the large number of requests, the OSUCCC – James will not provide items for silent auction.

STAFFING / EVENT REPRESENTATION

Speaker Requests – Speaker/Event Representation requests can be submitted by completing a Speaker Request Form. Requests must be received eight weeks prior to the event using the attached form. A speaker request submission does not guarantee that a speaker/representative will be provided. (See page 19 for the Speaker Request Form)

Volunteers – The OSUCCC – James is unable to provide event volunteers or staffing for community events. For events/initiatives with a commitment of $250,000 or more, please see Levels of Support for detailed benefits.

Additional Support – The OSUCCC – James staff, including development and marketing staff, will be committed to assisting event/initiative organizers who have raised $250,000 individually or $500,000 cumulatively. Please see Levels of Support for additional information. Additionally, you can request indoor or outdoor OSUCCC – James banners for your event using the form on page 21.

Celebrities – The OSUCCC – James is unable to provide “celebrities” (internal or external to the OSUCCC – James or The Ohio State University) for promotional purposes.

LEVELS OF SUPPORT

The following support levels identify assistance provided by the OSUCCC – James for your event. The levels are based on expected proceeds from your single event/initiative. All new events/initiatives will receive benefits listed in the $100 - $4,999 range for the first year. Each level will receive all benefits of above-mentioned lower levels (for example: Partner level will also receive the Friend and Supporter level support). All mentions of the OSUCCC – James, along with logos, photos, etc. must be submitted to the OSUCCC – James marketing department for approval prior to promotion.

Supporter ($1 - $4,999)
- Fund or disease specific educational material, if available (ex., informational flier/brochure)
- Line listing of the event/initiative on go.osu.edu/JamesCommunityPartners
- Permission to use an OSUCCC – James line listing as the beneficiary of your event

Friend ($5,000 - $9,999)
- Option to submit a press release or event information sheet for submission in OSUCCC – James publications (subject to availability)
- Link allowed from your event website to the OSUCCC – James website

Partner ($10,000 - $49,999)
- May submit a speaking request for an OSUCCC – James representative at your event
- Permission to use OSUCCC – James logo or photos
- May request an OSUCCC – James representative for a photo opportunity/check presentation
- One promotional item to hand out at your event
- Social media support from the OSUCCC – James (See Social Media Guidelines on page 8)

Champion ($50,000 - $249,999)
- Logo and event listing on go.osu.edu/JamesCommunityPartners with a link to event website
- PR support with communications (ex., writing of press release)
- OSUCCC – James banner on-site for event
- OSUCCC – James development representation at your event (i.e., table, team, etc.)

Leadership (Over $250,000)
- Staff person dedicated to the event/initiative, including development and marketing assistance
- Up to two promotional items to hand out at your event
- PR support (ex., submission of press releases to print and broadcast media by OSUCCC – James)
After Your Event

DONATION SUBMISSIONS

1. The OSUCCC – James must receive the proceeds from your event/initiative no later than eight weeks from the conclusion of the event/initiative.

2. If you have collected checks made out to the OSUCCC – James, these must be received within four weeks of the date on the check.

3. Please make your donation check out to the identified beneficiary (ex., The Spielman Fund, the OSUCCC – James, etc.)

4. Cash and credit cards must accompany a donation transaction form, as provided in the back of these guidelines.

5. Each gift must include the value of any goods and services received as a benefit (cost/value of a ticket or meal, cost of golf, etc.). In addition, the fair market value of those goods and services must be communicated to the donor prior to their making a donation, and prior to them purchasing or registering for an event. Only gifts above the goods and services value are considered charitable.

6. The OSUCCC – James will credit/receipt whoever issues the check to the OSUCCC – James. If donations are deposited in an event/initiative bank account and subsequently donated in a single sum to the OSUCCC – James, only the individual/organization whose name appears on the check will receive credit. Your event/initiative donors contributing in this circumstance should be made aware that their gift will not be acknowledged as a contribution to the OSUCCC – James. Extraordinary exceptions may be requested and require prior approval of the development office.

If event/initiative donors would like to receive a tax receipt and/or credit from Ohio State, please have the individual donor make their check out to the identified beneficiary (ex., the Spielman Fund, the OSUCCC – James, etc.).

If the registration fees/donations need to pay for expenses from the event/initiative, and the event/initiative organizer(s) do not need to receive a tax receipt or Ohio State University credit for the donation, but want the individual donors to receive the credit, one of the following must be done:

a. The donor should make two payments, one to the event/initiative to cover the expenses and one as a charitable donation to the OSUCCC – James.

b. The donor should make the payment to the event/initiative organizer(s). The event/initiative organizer(s) then must track, photocopy and submit all copies of check payments or cash/credit card forms and submit one check from the event/initiative account with the above-mentioned documents attached. In addition, goods and services must be disclosed and the documents need to reconcile. The OSUCCC – James cannot assume who receives a tax receipt or Ohio State University credit if the donation does not match the attached documentation.
Forms

COMMUNITY PARTNER INITIATIVE INFORMATION FORM:
Use this form when applying to become a Community Partner, or when renewing your Community Partner relationship (for each year of an event or initiative).

DONATION TRANSACTION FORM:
This form must accompany any cash gifts or credit card payments sent to the OSUCCC – James after your event/initiative.

SPEAKER REQUEST FORM:
If you would like to request an OSUCCC – James representative to speak at your event, please submit this form 8 weeks prior to the date of the event.

BANNER REQUEST FORM:
Should you have a need for indoor or outdoor OSUCCC – James banners at your event, please submit this form no less than 30 days before you’d like to pick them up.
COMMUNITY PARTNER INITIATIVE INFORMATION FORM

Thank you for your support of the OSUCCC – James. Your support will help us fulfill our vision of creating a cancer-free world. Please complete all fields of information below for your event/initiative.

Today’s Date ___________________________

CONTACT INFORMATION:
Company/Organization Name ____________________________________________________
Address ____________________________________________________________________
City _______________________ State _________________________ Zip _______________
Contact Name __________________________Contact Phone __________________________
Contact Email __________________________Web site _______________________________

EVENT/INITIATIVE INFORMATION:
Event/Initiative Name __________________________________________________________
Beginning Date _________________________end Date ______________________________
Location ______________________________ Time _________________________________
Specific Beneficiary (Fund/Cause) _________________________________________________
Please provide a brief description of your event/fundraising initiative. ______________________
___________________________________________________________________________
___________________________________________________________________________
estimated attendance/Participation:  _______________________________________________
Please list any other companies/organizations that will be involved in this event/initiative along with the extent of their involvement (i.e., financial, promotional, production).  _____________________
___________________________________________________________________________
Will the OSUCCC – James be the sole beneficiary? If not, who else will benefit?  ______________
___________________________________________________________________________
Portion of proceeds to benefit the OSUCCC – James (per item or percentage) _______________
What is the total expected donation? _______________________________________________
Anticipated donation submission date: _____________________________________________
Marketing/Promotion Plan Summary: _______________________________________________
___________________________________________________________________________
In what areas/markets will the event/initiative be promoted? _____________________________
___________________________________________________________________________
Social Media Channels (Facebook/Twitter/YouTube/etc.) ________________________________

COMMUNITY PARTNER INITIATIVE INFORMATION FORM

Thank you for your support of the OSUCCC – James. Your support will help us fulfill our vision of creating a cancer-free world. Please complete all fields of information below for your event/initiative.

Today’s Date ___________________________

CONTACT INFORMATION:
Company/Organization Name ____________________________________________________
Address ____________________________________________________________________
City _______________________ State _________________________ Zip _______________
Contact Name __________________________Contact Phone __________________________
Contact Email __________________________Web site _______________________________

EVENT/INITIATIVE INFORMATION:
Event/Initiative Name __________________________________________________________
Beginning Date _________________________end Date ______________________________
Location ______________________________ Time _________________________________
Specific Beneficiary (Fund/Cause) _________________________________________________
Please provide a brief description of your event/fundraising initiative. ______________________
___________________________________________________________________________
___________________________________________________________________________
estimated attendance/Participation:  _______________________________________________
Please list any other companies/organizations that will be involved in this event/initiative along with the extent of their involvement (i.e., financial, promotional, production).  _____________________
___________________________________________________________________________
Will the OSUCCC – James be the sole beneficiary? If not, who else will benefit?  ______________
___________________________________________________________________________
Portion of proceeds to benefit the OSUCCC – James (per item or percentage) _______________
What is the total expected donation? _______________________________________________
Anticipated donation submission date: _____________________________________________
Marketing/Promotion Plan Summary: _______________________________________________
___________________________________________________________________________
In what areas/markets will the event/initiative be promoted? _____________________________
___________________________________________________________________________
Social Media Channels (Facebook/Twitter/YouTube/etc.) ________________________________

COMMUNITY PARTNER INITIATIVE INFORMATION FORM

Thank you for your support of the OSUCCC – James. Your support will help us fulfill our vision of creating a cancer-free world. Please complete all fields of information below for your event/initiative.

Today’s Date ___________________________

CONTACT INFORMATION:
Company/Organization Name ____________________________________________________
Address ____________________________________________________________________
City _______________________ State _________________________ Zip _______________
Contact Name __________________________Contact Phone __________________________
Contact Email __________________________Web site _______________________________

EVENT/INITIATIVE INFORMATION:
Event/Initiative Name __________________________________________________________
Beginning Date _________________________end Date ______________________________
Location ______________________________ Time _________________________________
Specific Beneficiary (Fund/Cause) _________________________________________________
Please provide a brief description of your event/fundraising initiative. ______________________
___________________________________________________________________________
___________________________________________________________________________
estimated attendance/Participation:  _______________________________________________
Please list any other companies/organizations that will be involved in this event/initiative along with the extent of their involvement (i.e., financial, promotional, production).  _____________________
___________________________________________________________________________
Will the OSUCCC – James be the sole beneficiary? If not, who else will benefit?  ______________
___________________________________________________________________________
Portion of proceeds to benefit the OSUCCC – James (per item or percentage) _______________
What is the total expected donation? _______________________________________________
Anticipated donation submission date: _____________________________________________
Marketing/Promotion Plan Summary: _______________________________________________
___________________________________________________________________________
In what areas/markets will the event/initiative be promoted? _____________________________
___________________________________________________________________________
Social Media Channels (Facebook/Twitter/YouTube/etc.) ________________________________
The outside individual/organization agrees to:

- comply with the Community Partners Guidelines which are indicated above;
- adhere to OSUCCC – James branding identity and standards and include language deemed necessary by representatives of OSUCCC – James in all promotions;
- positively represent the OSUCCC – James reputation;
- obtain approval from OSUCCC – James in appropriate time frames of all relevant products/services, promotions, marketing and advertisement of products/services; and

The OSUCCC – James agrees to:

- assist with promoting the promotion through internal resources, as appropriate;
- provide appropriate donor recognition;
- provide necessary language for promotional materials, and
- provide logos and artwork as appropriate.

OSUCCC – James and the individual/organization reserve the right to terminate any Community Partner relationship at any time.

Outside individual/organization will be solely responsible for any tax obligations that may arise in connection with its event/initiative activities or sale of its products or services.

Outside individual/organization agrees to indemnify OSUCCC – James, Wexner Medical Center, The Ohio State University and their boards, officers and employees for the costs of any claims, lawsuits, judgments, settlements or losses of any kind that may arise out of the business practices of individual/organization events/initiatives or its products or services.

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**PLEASE EMAIL, FAX OR MAIL THIS COMPLETED AND SIGNED FORM TO:**

The OSUCCC – James Community Partners Program

OSUCCC – James Development
P.O. Box 183112
Columbus, OH 43218-3112

email: CommunityPartnerEvents@osumc.edu
phone: 614-293-4927
fax: 614-293-3754

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**SPEAKER REQUEST FORM**

Today’s Date ____________________________

Event/Initiative Name __________________________

Company/Organization Name __________________________

Address ____________________________________________________________________

City _______________________ State _________________________ Zip _______________

Contact Name __________________________Contact Phone __________________________

Contact Email __________________________Web site _______________________________

Who are you requesting to speak? __________________________________________

Date of the event _____________________________________________________________

What time does the requested speaker start his/her speech? ____________________________

How long is the speaker requested to speak? ________________________________________

Where is the location of the event/initiative to be held? _________________________________

How many people are expected to attend this event? _________________________________

Who is the target audience?  _____________________________________________________

Will there be other speakers?  If yes, who and on what topic will they speak? ________________

Will your organization pay an honorarium? If so, please indicate the amount _________________

Portion of proceeds to benefit the OSUCCC – James (per item or percentage) _______________

Will your organization pay for travel expenses, including but not limited to, airfare, hotel, ground transportation and meals? ________________________________

Do we need to provide a biography and photograph of the speaker for promotional use? _______

**AGREEMENT OF RESPONSIBILITY:**

I/we the undersigned understand that Ohio State’s Comprehensive Cancer Center – James Cancer Hospital and Solove Research Institute (OSUCCC – James) or its representatives accept no liability of any kind for any activity or action resulting from the efforts of our organization or other approved representatives of the OSUCCC – James to approve all written copy, printed material and promotional items using the OSUCCC – James name and/or image and/or logo prior to distribution.

I/we agree to indemnify and hold the OSUCCC – James and its representatives harmless for any claims for damages or injuries there from.

Signature: ____________________________ Date: ___________________________

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OSUCCC-JAMES BANNER REQUEST FORM

Event Name/Initiative __________________________________________________________
Event Date __________________________________________________________________
Desired Pick up date __________________________________________________________
Contact Name _______________________________________________________________
Contact Phone _______________________________________________________________
Contact Email _______________________________________________________________

In order to receive an OSUCCC – James Banner to display at your event/initiative, you are agreeing to:

• Submit this form no less than 30 days prior to desired pick up date
• Return the banner no more than 10 days after the event/initiative
• Pay in full the cost of the banner if lost or stolen

OSUCCC – James reserves the right to terminate any Community Partner relationship if these terms are not met.

__________________________________________  ________________________________
Community Partner Representative          OSUCCC – James Representative

__________________________________________  ________________________________
Date                                           Date

PLEASE EMAIL, FAX OR MAIL THIS COMPLETED FORM TO:

Maggie Stone, OSUCCC – James Community Partners Program
OSUCCC – James Development
P.O. Box 183112
Columbus, OH 43218-3112

email: CommunityPartnerEvents@osumc.edu
phone: 614-293-4927
fax: 614-293-3754

Once this form is received by OSUCCC – James, you will be contacted with an approval from us within 48 hours.
DONATION TRANSACTION FORM

Please fill out one form per payment submitted to our Development Office so that the payment can be processed in a manner that is compliant with I.R.S. rules for charitable giving. Note that raffle tickets and the portion of a payment that is attributed to goods and services (i.e. meals, gifts, golf fee, fair market value of auction item, etc.) are not deemed as charitable giving. Only portions exceeding goods and services will be receipted.

Event Name _________________________________________________________________

Event Date __________________________________________________________________

DONOR INFORMATION:
Name ______________________________________________________________________
Address ____________________________________________________________________
City ____________________________ State __________________ Zip ________________
Phone __________________________ Email ______________________________________

PURPOSE OF PAYMENT:
Payment is for ☐ registration ☐ raffle ☐ donation ☐ auction ☐ proceeds from the event
Fair Market Value of Item $ ______________________________________________________
Item Description ______________________________________________________________
___________________________________________________________________________

PAYMENT SUBMITTED:
Cash $ ____________ Check $ ___________ Check # ___________ Credit Card $ __________
Name as listed on credit card ___________________________________________________
Credit card number ________________________________________ Exp. date ____________
Type of credit card ☐ VISA ☐ MC ☐ DISC ☐ AMEX
Signature ___________________________________________________________________

FOR INTERNAL USE ONLY: DONOR FOR GIFT CREDITS FOR DONOR CLUBS
Donor Name _____________________________________________ Donor # ____________
Address ____________________________________________________________________
City ____________________________ State __________________ Zip ________________