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.

______________________  _______________________
Community Partner Representative  OSUCCC – James Representative

___________________  _____________________
Date  Date

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

The OSUCCC – James Community Partners Program

OSUCCC – James Development  email: CommunityPartnerEvents@osumc.edu
P.O. Box 183112  phone: 614-293-4927
Columbus, OH 43218-3112  fax: 614-293-3754