

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

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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