



Name of fundraising event/activity: _____

Name of group/individual raising funds: _____

Date(s) of fundraising event/activity: _____

Location (if applicable): _____

Detailed description of fundraising event/activity:

[Empty box for detailed description of fundraising event/activity]

* Event Requests:

- Assistance from RMHC-CR for processing donations
- Volunteer(s) (45 Days Notice Required)
- Branded materials

*** Although we would love to attend all third-party events, we are often unable due to limited time and the daily work we do to support our families.**

Contact name: _____

Mailing address: _____

Phone: _____ Email: _____

Location (if applicable): _____

Will any other person be responsible for handling donations in support of this fundraiser? Yes/No

If **Yes**, Name: _____ Phone/Email: _____

Expected date for RMHC-CR to receive funds/items (within 30 days of event/activity): _____

Gross profit expected: \$ _____ Estimated expenses: \$ _____

Estimated amount to be donated to RMHC-CR: \$ _____

Please specify the actual amount/percentage of a donor's contribution that will directly benefit RMHC-CR (e.g. \$5 for every item purchased OR 50% of net proceeds):

[Empty box for specifying donor contribution details]

The language entered above must appear in all advertising, promotion and contact with donors/participants.

We will hold McDonald's, its subsidiaries, affiliates, and franchisees, Ronald McDonald House Charities, Inc., the organization 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. In addition, I have read and understand the rules related to third party fundraising and agree to adhere to all guidelines outlined by Ronald McDonald House Charities® of the Capital Region.

Third-Party Signature: _____ RMHC-CR Signature: _____

Title: _____ Title: _____

Date: _____ Date: _____