



Want to help raise funds for RMHC® of the Capital Region?

Thank you for your interest in raising funds on behalf of Ronald McDonald House Charities® of the Capital Region (RMHC-CR). We depend heavily on the generosity of people like you to deliver and support programs that directly improve the health and well-being of children and families in our community.

RMHC-CR is committed to the highest ethical practices in all aspects of our operations, especially the handling of donated funds. In order to maintain complete transparency and to protect the interests of RMHC-CR and all potential donors, **we require all groups/individuals who wish to raise funds for RMHC-CR to register and receive written approval before conducting any fundraising activity on our behalf.**

We will gladly work with approved third party fundraisers to support their efforts. In order to maximize third party fundraising success while protecting donors and the reputation of RMHC-CR, **any group or individual organizing a fundraiser on behalf of RMHC-CR must agree to the following:** (please initial each line below)

- Third party fundraisers must explicitly state how donations will benefit RMHC-CR in all advertising, promotion and contact with donors/participants. If fundraising involves a portion of proceeds being donated to RMHC-CR, the specific amount/percentage that will be donated per transaction must be clearly communicated.
- Any and all use of the RMHC-CR name and/or logo must be reviewed by RMHC-CR and approved in advance. In addition, approval and consent are required for the use of images, graphics and taglines belonging to RMHC-CR.
- Any and all outreach to prospective sponsors, corporate partners and/or media outlets (web, print or broadcast) must be coordinated with RMHC-CR in advance.
- Third party fundraisers assume all responsibility for fundraising activities and will manage all related vendor agreements, contracts, insurance, expenses and necessary permits. Any purchases made by the third party fundraiser will be paid in full before proceeds are given to RMHC-CR.
- Funds raised for RMHC-CR will be remitted in full within 30 days of the third party fundraising event/activity. If this is not possible for any reason, third party fundraisers will coordinate an alternate payment schedule with RMHC-CR in advance.

Upon reviewing and agreeing to the guidelines above, please complete the **Third Party Fundraising Agreement Form** and return it via email to fundraising@rmhcofalbany.org. We will review your information and reach out by phone or email within 7 days to discuss your plans. Upon approval from the CEO or other designated officer of RMHC-CR, a signed agreement will be returned to you and kept on file to verify your fundraising activities and confirm their legitimacy.

If your fundraising event/activity requires additional support from RMHC-CR, please request a **Custom Partnership Form** to outline custom terms for your fundraising efforts. Third party fundraisers requiring custom terms may include those needing:

- Assistance in processing incoming donations or managing expenses
- RMHC-CR branded promotional supplies or giveaways
- RMHC-CR volunteer or staff support for an event
- Access to RMHC-CR facilities including the Ronald McDonald House®, Ronald McDonald Family Room® and/or Ronald McDonald Family Retreat at Krantz Cottage
- Interaction with children or families served by RMHC-CR

Thank you again for your support! If you have additional questions or concerns, please contact Christine Theophel, Development Associate, at (518) 438-2655 or email ctheophel@rmhcofalbany.org.

Ronald McDonald House Charities® of the Capital Region

139 South Lake Ave. Albany, NY 12208 ♥ Phone: 518-438-2655 ♥ Fax: 518-459-6529 ♥ www.rmhcofalbany.org

Third Party Fundraising Agreement

RMHC[®] of the Capital Region



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:

Will the event require assistance from RMHC-CR for processing donations, managing expenses, volunteer or staff support, or interactions with children and families? Yes / No

Contact name: _____

Mailing address: _____

Phone: _____ Email: _____

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 (within 30 days of event/activity): _____

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

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

Clearly state how donations to your event/activity will benefit RMHC-CR. If only a portion of proceeds will be donated, 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):

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: _____

Title: _____

Date: _____

RMHC-CR Signature: _____

Title: _____

Date: _____

Custom Partnership Form

RMHC® of the Capital Region



Please include the original Third Party Fundraising Agreement Form summarizing the basic details of your desired fundraising event/activity.

Do you need assistance processing incoming donations or managing expenses? If yes, please outline specific needs:
NOTE: If RMHC-CR is to assume any responsibility for processing donations or expenses, all financial records related to the third party fundraising activity must be shared openly with RMHC-CR.

Do you need staff or volunteer support from RMHC-CR? If yes, please indicate number of people needed, along with dates, times and anticipated responsibilities:

Are you requesting any RMHC-CR branded products to be used or given away as part of your fundraising efforts? If so, please outline desired quantities and any ability you have to cover or support costs:

Do you need access to any RMHC-CR facility during the fundraising period? If yes, please specify facilit(ies) and outline desired dates/times and reasons for requesting access:

Do you wish to involve children and/or families served by RMHC-CR in your fundraising efforts? If yes, please outline specific requests (e.g. photos of children, family to speak at event, etc.):

NOTE: All communication with RMHC-CR children and families will be managed by official representatives of RMHC-CR. Individuals must provide express written consent for their stories, names, images or likenesses to be shared, and this consent covers only uses which involve raising awareness of or support for RMHC-CR. No compensation or special treatment may be offered to an individual in exchange for sharing their story, name, image or likeness.

Are you requesting any other form of support from RMHC-CR? If yes, please explain:

Third-Party Signature:

Title:

Date:

RMHC-CR Signature:

Title:

Date: