



### Ways to Submit Your Proposal

Fax: 716-845-8705

Mail: Roswell Park Alliance Foundation  
Elm & Carlton St.  
Buffalo, NY 14263

Email: Katherine.welsted@RoswellPark.org

## Retail Promotion Proposal Form

Thank you for considering a partnership with Roswell Park. We appreciate your generosity and support. Before endorsing a fundraising program, the Roswell Park Alliance Foundation must review this application. All fields must be completed in full to process your proposal. Please attach separate sheet(s) if necessary. Questions? Call 716-845-8119 or e-mail Katherine.welsted@RoswellPark.org.

### Contact Information

Contact Name: \_\_\_\_\_

Name of Organization/Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### About the Promotion

Name of Proposed Program: \_\_\_\_\_

Timeframe Offer Good for (Dates & Duration): \_\_\_\_\_

Location Where Offer Valid (i.e., retail outlets, online/website): \_\_\_\_\_

Number of Locations/Stores Where Offer Valid: \_\_\_\_\_

Location Address/es: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of redemptions/purchases anticipated: \_\_\_\_\_ Target Audience: \_\_\_\_\_

Retail Price (per unit): \_\_\_\_\_

Anticipated gross revenue from promotion: \$ \_\_\_\_\_

Anticipated donation made to Roswell Park when program is complete: \$ \_\_\_\_\_

Percentage of sales donated to Roswell Park for program: \_\_\_\_\_

If this program has been done in the past, when was it done, what charities were partnered with, and how was its performance?

\_\_\_\_\_  
\_\_\_\_\_

Briefly describe the program and how funds will be raised:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you plan to publicize the program? (i.e., press releases, social media, flyers, radio/TV ads, print ads, signage, online)

**Please submit ALL marketing pieces for approval if using Roswell Park Comprehensive Cancer Center name, prior to print or publication. A minimum donation level of \$2,500 is required for any logo use.**

\_\_\_\_\_  
\_\_\_\_\_

## Marketing Benefits Provided By Roswell Park

Donation Amount	Benefits Provided
\$1 - \$499	<ul style="list-style-type: none"> <li>Approval to use Roswell Park Comprehensive Cancer Center name in text</li> </ul>
\$500 - \$2,499	<ul style="list-style-type: none"> <li>Approval to use Roswell Park Comprehensive Cancer Center name in text</li> <li>Opportunity to present your check at the hospital to a Roswell Park staff person and take a photo to use in your own post-promotion efforts</li> </ul>
\$2,500 - \$4,999	<ul style="list-style-type: none"> <li>All of the above</li> <li>Approval to use Roswell Park "Partner For a Cure" logo, provided by Roswell Park staff</li> <li>One social media post during the promotion (25,000+ likes/followers)</li> </ul>
\$5,000 - \$9,999	<ul style="list-style-type: none"> <li>All of the above</li> <li>An additional thank you social media post after the promotion</li> <li>Program feature in donor e-newsletter (100,000 email addresses)</li> <li>Electronic kiosk ad in the hospital (minimum 3 month promotion)</li> <li>Optional photo opportunity/check presentation with a Roswell doctor (if available)</li> </ul>
\$10,000 +	<ul style="list-style-type: none"> <li>All of the above</li> <li>An additional social media post during your promotion (min. three total – two during and one thank you)</li> <li>Sponsor Spotlight feature in donor e-newsletter to 100,000+ emails</li> <li>Assistance with a press release and/or media advisory</li> <li>Approval to use Roswell Park official logo, provided by Roswell Park staff</li> </ul>

If you have a suggestion to replace or substitute any of the above, please feel free to let us know. We are able to customize marketing benefits based on the donation amount and your marketing needs.

## About Your Donation

Do you want to commit to a minimum donation level in order to receive above outlined marketing benefits? \_\_\_\_\_

If yes, what amount? \_\_\_\_\_

Please choose one of the below that best applies to your program:

Donation to be used for most pressing needs in continued cancer research and patient care.

Donation to be used specifically for the following purpose: \_\_\_\_\_

*In Honor of:* \_\_\_\_\_

*In Memory of:* \_\_\_\_\_

## Fundraising Guidelines

Thank you for your interest in raising funds and awareness for Roswell Park Comprehensive Cancer Center and the Roswell Park Alliance Foundation (RPAF). Any person, organization, or company intending to do a fundraising program for Roswell Park and RPAF must adhere to the following guidelines and complete the proposal form as soon as possible for timely consideration.

- ✓ Any program seeking to use the Roswell Park name and/or logo and Partners for a Cure name and/or logo must have approval. **Logo usage must pertain to the level of support outlined above and must be provided by and approved by Roswell Park staff.** Staff will need a minimum of two (2) business days for the approval process.
- ✓ If logo originating from Roswell Park will be incorporated on product for the program, approvals and sign-off from Roswell Park staff must happen prior to the production and shipment of goods.
- ✓ If product being sold for a program, quality, customer service, and fulfillment/distribution are the responsibility of organization/company making this proposal.
- ✓ All media solicitations must be submitted for approval.
- ✓ Companies/Organizations must agree to hold harmless and indemnify Roswell Park and RPAF from any liability arising from the program and sign the attached liability release and indemnification agreement with completed application.
- ✓ Roswell Park and RPAF cannot ensure staff or patient ambassador representation for a program. Determination for representation will depend on donation level and availability.
- ✓ If for any reason program plans change or need to be cancelled, please call 716-845-8119 or e-mail [Katherine.welsted@RoswellPark.org](mailto:Katherine.welsted@RoswellPark.org) right away.
- ✓ The main contact person listed on initial application must ensure that all necessary permits, licenses, legal documentation, and insurance are obtained.

Roswell Park/RPAF CANNOT Provide tax exemption, gift recognition letters or letters noting a tax deduction, insurance or liability coverage, funding or reimbursement for expenses, or a mailing list of donors or vendors.

## Release, Hold Harmless & Indemnification Agreement

For, valuable consideration, including the consent of Roswell Park and RPAF to use the name and/or logo of Partners for a Cure in promotional activities or materials, the undersigned, on behalf of the organization identified below, being authorized to do so, does hereby agree to release, defend, hold harmless and indemnify Roswell Park, RPAF, their Board members, officers, employees and representatives from any and all liabilities and claims of liability, or any nature whatsoever, arising out of, or in connection with, the event or activity described in this application in which the name of Roswell Park is used, including promotion of such program.

The undersigned agrees and expressly represents that neither Roswell Park nor Partners for a Cure is a joint venture with the undersigned organizer in the conduct of the event, that neither Roswell Park or RPAF are involved in the management, conduct or sponsorship of the program and that the RPCI and RPAF are merely the charitable beneficiary of a portion of the proceeds derived from the program.

**The undersigned agrees to provide a sales report to RPAF within 90 days from the program end date, or include the quantity sold with the donation check, per New York State guidelines.**

\_\_\_\_\_  
Name of Organization/Company

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Authorized Person

\_\_\_\_\_  
Title of Authorized Person