



100 Adopt A Pet Way  
Kalispell, MT 59901  
Phone: 406-752-7297  
Fax: 406-755-7388  
www.humanesocietypets.com

## THIRD-PARTY FUNDRAISING FORM

### *Thank you!*

We appreciate your interest in raising funds to benefit the orphaned animals at the Charlotte Edkins Animal Adoption Center. To help expedite your request and support your efforts, please complete both sides of this form and fax, mail or deliver it to the attention of the Executive Director. If you have any questions, please give us a call at 406-752-7297 or email [lori@humanesocietypets.com](mailto:lori@humanesocietypets.com).

### **INFORMATION ABOUT THE PERSON/GROUP HOSTING THE FUNDRAISER:**

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

Organization (if applicable): \_\_\_\_\_

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

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

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

Email address: \_\_\_\_\_

**Minors: Are you under the age of 18?** Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, include the name of your Parent or Guardian.

Parent/Guardian Name: \_\_\_\_\_

### **INFORMATION ABOUT THE FUNDRAISER:**

Title of Fundraiser: \_\_\_\_\_

Event Date & Time: \_\_\_\_\_

Event Location: \_\_\_\_\_

Brief details, description and explanation of benefits to HSNWMT: \_\_\_\_\_

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

Does this event require HSNWMT volunteers? \_\_\_\_\_

Does this event include an opportunity to showcase adoption center animals? \_\_\_\_\_

Will you provide printed flyers and/or posters for this event? \_\_\_\_\_

How do you plan to advertise/promote this event? \_\_\_\_\_

\_\_\_\_\_  
Estimated funds to be raised for HSNWMT (optional): \_\_\_\_\_

**THIRD-PARTY REQUIREMENTS:**

To all supporters interested in hosting a fundraiser for the Humane Society, we ask please that you abide by the following guidelines.

- Please use our legal name, the **Humane Society of Northwest Montana**, in all advertising and promotion. Where applicable, please include our street address, phone, and website. Upon request, our logo can be made available for use in print advertising.
- Fundraisers must state the agreed upon portion of proceeds which will be donated to the Humane Society of Northwest Montana in all advertising, promotions and in all correspondence with donors, sponsors, and participants. The “portion of proceeds” that will be donated to HSNWMT may be stated as a “specified” percentage of proceeds or a fixed amount per sale/transaction.

*Please select your choices and fill in the blank with your commitment:*

Before expenses (GROSS) \_\_\_\_\_ (or) After expenses (NET) \_\_\_\_\_

Percentage of Proceeds: \_\_\_\_\_

(or)

Fixed amount per sale/transaction: \_\_\_\_\_

- Funds raised on behalf of the Humane Society of Northwest Montana must be submitted within two weeks after the end of the event.
- Fundraisers must comply with all city, county, state and/or municipal charitable solicitation statutes and/or ordinances applicable to the fundraiser.

**PROMOTION OPTIONS:**

Advance notice is required for HSNWMT promotional support; therefore please contact our Executive Director at the earliest possible date for consideration on how we may help promote your event.

- Would you like your event to be listed in the HSNWMT newsletter? \_\_\_\_\_
- Would you like your event to be listed on the HSNWMT website? \_\_\_\_\_

**AGREEMENT:**

*I have read the above information and I agree to abide by these guidelines and I release the Humane Society of Northwest Montana from any and all liability involving damages or injury that may result or occur as part of this fundraising effort.*

\_\_\_\_\_  
Signature of Fundraiser

\_\_\_\_\_  
Date

***For minors under the age of 18, please have your Parent or Guardian sign below.***

*I have read the above information and I allow my minor child to host this fundraising event and I agree to abide by these guidelines and I release the Humane Society of Northwest Montana from any and all liability involving damages or injury that may result or occur as a part of this fundraising effort and I take full responsibility for my minor child and his/her actions.*

\_\_\_\_\_  
Signature of Parent or Guardian of Fundraiser

\_\_\_\_\_  
Date