



# Community Fundraiser Application

Department of Development

**Instructions:** Submit this completed application at least one month prior to the intended event date or appeal.

## Organizer Contact Information (the “Organizer”)

Name (First Middle Last)		Date Today (mm-dd-yyyy)
Address (Street, City, State, ZIP Code)		
Phone	Fax	Email
Company/Organization/Sponsor (if applicable)		Contact’s Relationship to Company/Organization/Sponsor

## Event/Appeal Information

Event or Appeal Name (the “Event”)	
Date(s) or Appeal Length	Time
Location	
Purpose	
Description	
Expected Attendance	What are the estimated proceeds to benefit Mayo Clinic?
How will donations or proceeds be collected for the event?	
Are there other charities involved with the event? If “Yes,” describe their involvement. <input type="checkbox"/> Yes <input type="checkbox"/> No	
How will Mayo Clinic receive the proceeds from the event? (check all that apply) <input type="checkbox"/> Check(s) payable to Mayo Clinic and mailed to Mayo Clinic <input type="checkbox"/> Submit via credit card on Mayo Clinic website (If this box is checked, Organizer must agree to the Third Party Online Fundraising Terms and Conditions.)	
Expected Date for the Transfer of Funds (mm-dd-yyyy)	
Fund Designation <input type="checkbox"/> Direct funds to; specify area or program _____ <input type="checkbox"/> Direct funds where the need is greatest	
If you have corporate sponsorship (secured or pending), list them along with current contact information.	

# Community Fundraiser Application (continued)

## Additional Information

1. How did you hear about Mayo Clinic?
2. Describe what motivated you and your group to organize and conduct this Event.
3. Do you or any other individual, formally or informally associated with the proposed Event, anticipate receiving a direct or indirect financial or business benefit from the event or appeal (eg, increased sales of certain product because a percentage of proceeds will be going to Mayo Clinic)? If so, describe.
4. How will you fund your Event?
5. Describe your plans to publicize or market your Event.

### Thank you for your support of Mayo Clinic.

Sign and return this Community Fundraiser Application form to:

Mayo Clinic Department of Development  
Attn: Community Fundraising Coordinator  
200 First Street SW, Rochester, MN 55905  
Toll-free: 855-852-8129  
Email: development@mayo.edu

**I, the Organizer, certify that (i) I am at least 18 years old; (ii) all of the above information is true and correct; (iii) I understand that I cannot use, or otherwise reference Mayo Clinic in connection with the Event or otherwise until this application is approved by Mayo Clinic by its signature below; and (iv) I have read the Mayo Clinic Community Fundraiser Terms and Conditions attached hereto, and agree to abide by all such Terms and Conditions.**

Submitted By Signature ▶	Date (mm-dd-yyyy)
Submitted By Printed Name (First Middle Last)	

### For Mayo Clinic Office Use Only

Approval By Signature ▶	Date (mm-dd-yyyy)
Approval By Printed Name (First Middle Last)	

# Community Fundraiser Application (continued)

## Mayo Clinic Community Fundraiser Terms and Conditions

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The Organizer must complete the Mayo Clinic Community Fundraiser Application, which must be approved in writing by Mayo Clinic before Organizer may promote the Event or use the “Mayo Clinic” name in any way.

The Organizer is responsible for:

- All expenses related to the Event, including the payment of all vendors and subcontractors. Under no circumstances may the Organizer or any individual involved with the Event keep any portion of the proceeds as compensation for their services.
- Creating and maintaining invitation and attendee lists. Due to our patient and donor privacy policy, the use by the Organizer of Mayo Clinic donor databases for mailing/solicitation purposes is not permitted.
- Advertising and marketing the Event to the public, subject to the terms and conditions below. Mayo Clinic is not able to take a coordination role in the Event planning activities, and Mayo Clinic’s officers and employees cannot assist in soliciting prizes, auction items, organizing publicity, or providing goods or services to assist the Organizer in running or planning the Events.
- Designing and producing communication materials, posters and banners, subject to the terms and conditions below.

Other stipulations and terms and conditions:

- The Event must be consistent with the mission and image of Mayo Clinic. Mayo Clinic reserves the right to decline approval of the Event or withdraw as beneficiary of the Event at any time if Mayo Clinic feels there is a conflict of interest, or the Event may have a negative effect on the image of Mayo Clinic.
- Organizer agrees to comply with all laws, rules, and regulations in connection with the Event, and to obtain and maintain any permits, licenses, and insurance required in connection with the Event.
- The “Mayo Clinic” name and logo is and shall remain the property of Mayo Clinic. Mayo Clinic hereby grants to Organizer the limited, revocable, nonexclusive license solely to use the name “Mayo Clinic” solely for the purpose of promoting and planning the Event. Mayo Clinic reserves the right to revoke such license at any time in Mayo Clinic’s sole discretion upon notice to Organizer. Except as set forth in this paragraph, nothing in this Agreement grants any right or license to Organizer to use for any purpose any of the trademarks or trade names of Mayo Clinic.
- All Event-related materials in which the Mayo Clinic’s name is used, whether in print, broadcast, online, or otherwise, must be approved in advance by Mayo Clinic. “Mayo Clinic” shall not be used in the title of the Event, except that Mayo Clinic may be identified as the beneficiary of funds raised. However, Mayo Clinic encourages Organizer to follow the Event’s name with this language: “to benefit Mayo Clinic.” For example, Organizer shall not name an Event “Mayo Clinic Midnight Fun Run,” but may name the Event “Midnight Fun Run to benefit cancer research at Mayo Clinic.”
- If Mayo Clinic is not the sole beneficiary of the Event, the percentage designated to Mayo Clinic must be clearly stated on all Event-related materials.
- All donations must be made via check, made payable to Mayo Clinic or online at [mayoclinic.org](http://mayoclinic.org). Organizer agrees to forward all proceeds from the Event to Mayo Clinic within 30 days after the date of the Event.
- Mayo Clinic will issue IRS-compliant charitable tax receipts to the full extent permitted by the law for donations made by credit card contributions through [mayoclinic.org](http://mayoclinic.org) and checks made payable to Mayo Clinic.
- When processing gifts related to a silent or live auction, proper documentation must be attached that notes each item’s fair market value. Mayo Clinic will only issue an IRS-compliant tax receipt for the donation in the amount paid beyond the fair market value, and payment must be made payable directly to Mayo Clinic.
- Mayo Clinic cannot open bank accounts to support the Organizer or Event, and Organizer shall not open or attempt to open a bank account in Mayo Clinic’s name.
- Organizer agrees that Mayo Clinic has not been involved in the planning, preparation, or execution of the Event, and that Mayo Clinic has no responsibility for the Event or any claims, losses, liabilities, obligations, costs, or expenses related thereto, or arising therefrom (collectively, the “Losses”). Organizer agrees to indemnify, defend, and hold Mayo Clinic harmless from and against any and all Losses.
- Organizer is neither an employee nor an agent of Mayo Clinic. Organizer is not authorized to assume or create any obligation or responsibility, including but not limited to contractual obligations, on behalf or in the name of the Mayo Clinic. Organizer shall not misrepresent its status or authority. Nothing in this Agreement creates a joint venture, partnership, principal-agent, employer-employee, or similar relationship between Mayo Clinic and the Organizer.
- Under no circumstances may the Event be associated with a company or product that would create a conflict of interest for, or not be an appropriate representation of, Mayo Clinic.
- Mayo Clinic reserves the right to return donations if the means of obtaining the contribution is unlawful, or for any other reason in Mayo Clinic’s sole discretion.
- Event participants wishing to pursue corporate matching gifts from their employers must donate directly to Mayo Clinic, not through a third party website. It is the responsibility of the Organizer to make the Event participants aware of this policy.
- All donations are 100 percent tax-deductible. You may not offer any goods or services in exchange for a donation, as this will preclude the tax deductibility of the gift.
- Raffles, drawings, gambling, lotteries, and sweepstakes are strictly prohibited.