



CARE LAS CRUCES.ORG

CANCER AID RESOURCE AND EDUCATION, INC.

CANCER AID RESOURCE & EDUCATION, INC.
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CANCER AID RESOURCE & EDUCATION, INC. THIRD-PARTY EVENT AGREEMENT

Name of Organization/Business/Group/Individual Organizing Event/Fundraiser: _____

Name of Person in Charge of the Event/Fundraiser: _____

Phone Number: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name or Description of Event/Fundraiser: _____

Date and Time or Duration of Event/Fundraiser: _____

Location of Event: _____

Describe the Event/Fundraising Components (ticket sales, game, auction, product sale(s), etc.): _____

If Applicable, Estimated Number of Attendees/Participants: _____

Describe Method of Donation of Proceeds, Example: Percentage or Lump Sum: _____

Will this be an Annual or Continuous Event/Fundraiser Benefiting Cancer Aid Resource & Education, Inc.?: _____

Do you Agree to Using the Cancer Aid Resource & Education, Inc. Logo in All of Your Materials?: _____

Have You Read and Understood the Conditions for Using the Name and Logo in Advertising?: _____

Describe What Role You Would Like the CARE Board to Have for Your Event/Fundraiser: _____

I, _____, have read and understood the accompanying Third-Party Event Guidelines and agree to abide by all policies and regulations mentioned therein. I agree to provide all information and proceeds regarding the event/fundraiser to Cancer Aid Resource & Education, Inc. (CARE) in the manner described. I agree that I will submit proceeds from the event/fundraiser in a timely manner. I agree that Cancer Aid Resource & Education, Inc. has no financial or legal responsibilities for the event. I give approval for my name and picture(s) to be publicized in any media.

Printed Name: _____ Signature: _____ Date: _____

Cancer Aid Resource & Education, Inc. Approval

CARE Name: _____ Signature: _____ Date: _____