

## We thank you for considering a fundraiser to support our organization. The details you provide will assist us with our promotion for your event.

ABOUT YOU: Contact and Com	pany/Organization Name:			
Best Phone & Email				
Tell us about your company/organization: (Non-Profit, for Profit, what you do, etc.)				
Why have you selected Jack's F	Helping Hand to be the beneficiar	y for your event?		
ABOUT YOUR PLANNED EVENT	 Γ:			
Name of Event: (YOUR BEST PR	OMOTIONAL TITLE!)			
Date(s) of Event:	Time of Event:			
Location of Event				
Tell us about more details abou	ut your event: (We will use this in	fo in our social posts)		
What is your expectation from	us at Jack's Helping Hand? before	e, during or after:		
What would be helpful for you	r event? Indicate the promotiona	l items you will require:		
☐ Newsletters	☐ Program Brochures		☐ Wristbands	
☐ Tablecloth	☐ Custom promotional items (by arrangement)		☐ Other:	
	☐ Pop up canopy (by arrangement)		☐ Other:	
	ur event in general?sing to promote your event? Plea			
	Name of Platform	Ever	nt/Page Handle	
	Website			
	Facebook			
	Instagram			
	Other			
Please take photos & share during your event! Jack's Helping Hand will also want to share and use afterwards. Please send any photos to <a href="mailto:jhh@jackshelpinghand.org">jhh@jackshelpinghand.org</a> ABOUT YOUR PLANNED DONATION(S): What do you estimate for your donation amount? \$				

How will you be collecting donations on our behalf? (Please mark below for all that apply):

Method	Account/Contact Names			
Cash or Check	Check(s) made payable to Jack's Helping Hand unless noted:			
Mobile Donation	Acct Contact Name:			
(s)	Acct Number/Handle:			
(Venmo, Paypal)				
	You are welcome to use our Venmo: @Jackshelpinghand			
Online Pledges	Facebook Event (Acct Name):			
	Crowdrise/GoFundMe: + Network for Good platform available by arrangement!			
No Monetary	orowarise/ dorumanie. • Neework for dood plactor in available by arrangement.			
	Service/goods will be pledged as follows:			
HOSTING GUIDELINES				
Jack's Helping Hand.	Inc. agrees to allow the			
to promote Jack's Helping Hand, Inc. with weblinks and information about our programs in their promotional material. We also				
agree to allow the use of our logo and name in all press releases for the event we are the benefactor for. We will promote the				
	our ability through our social media channels. We will provide necessary information about our organization			
and provide promotional materials as requested.				
Event Host is responsible for all costs related to the event unless otherwise indicated. All monies collected on our behalf should				
be provided to our of	ffice within two weeks of the event.			
In consideration of this Event, Event Host releases from all liability and promises not to sue Jack's Helping Hand, Inc. and their employees, officers, directors, volunteers and agents (collectively "Organization") from any and all claims, including claims of the Organization's involvement, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss that any participant, may suffer because of their participation. Event Hosts agree to hold Jack's Helping Hand, Inc. harmless from any and all claims, including attorney's fees or damage to property, which may occur as a result of this Event. If medical treatment is needed, event hosts agree to be financially responsible for any costs incurred as a result of such				
treatment. Event Hosts are aware and understand that Event insurance is the responsibility of the Event Host.				
Signature and Date - Event Representative				
	Signature and Date -Jack's Helping Hand Representative			
Who should we formally acknowledge as a thank you for your event and its contributions?				
ivaille allu Address:				
	We will provide a tax donation letter as receipt for donation totals to the name and address provided above.			
JACK'S				
HELPING	HELPING			
MANJ	Please return this completed form to our office for review:			
7	'10 Fiero Lane #16, San Luis Obispo, CA 93401 jhh@jackshelpinghand.org EVENT			
For Office Use: Date r	eceived: Expiration Date: Proof of Insurance:			
Additional Event Arra	ngements:			