Third-Party Fundraising Agreement

The Lupus Society of Illinois (LSI) welcomes and encourages businesses, organizations and individuals to sponsor Third Party Fundraisers—events or promotions that financially support the LSI, but are planned and funded by a source other than the LSI.

This packet contains the following information:

- An overview of LSI
- A copy of the LSI Third Party Fundraising Guidelines
- A Third Party Fundraising proposal form

Please return all correspondence and direct all questions to

Lupus Society of Illinois
411 S. Wells St.
Suite 710
Chicago, IL 60607

Info@lupusil.org
312.542.0002
312-255-8020 (fax)

The Lupus Society of Illinois thanks you in advance for your efforts to help us support those affected by lupus!
Third-Party Fundraiser Guidelines

The reputation of the Lupus Society of Illinois is affected by how third-party fundraisers are conducted. Therefore, LSI reserves the right to decline an offer for a third-party fundraiser or to discontinue association with a third-party fundraiser if it is considered to be in conflict with the Foundation’s mission, violates any of the guidelines, or proves not to be in the best interest of the LSI. The guidelines below are designed to eliminate confusion about the role of LSI in third-party fundraising events.

1. A completed **Third-Party Fundraiser Form** must be approved by the Lupus Society of Illinois before any reference to the LSI can be made in event materials.

2. LSI is not obligated to provide staff or volunteer resources for third-party fundraisers. It is at the Foundation’s discretion whether to do so.

3. Although LSI will not distribute our mailing list to third parties, if provided with promotional materials, we will distribute them to our constituents. (Participation from our mailing list is not guaranteed)

4. LSI must approve any printed materials bearing its name and/or logo prior to publication. All use of the LSI name or logo must include a clear description of how the Foundation benefits from the event (Example: “A portion of the proceeds benefit the Lupus Society of Illinois”)

5. LSI will not be responsible for any expenses or fees (direct or reimbursable) on behalf of the third-party organizer.

6. If donations are not made directly to the LSI, it is not the responsibility of the LSI to send acknowledgement letters to the donor for tax purposes.

7. The LSI is not responsible for securing any licenses, permits or insurance for third-party fundraisers. Nor will it assume liability for any fees, fines or legal action associated with the absence of necessary licenses, permits or insurance.

8. Third-party fundraisers cannot use the LSI’s name, logo or tax ID number to receive non-profit discounts on venues, services, products, entertainment, etc.

9. LSI cannot be held legally responsible for any contracts signed by the third party or disputes arising from a third-party fundraiser. LSI must be held harmless from any and all problems that arise.
Third-Party Fundraiser Proposal Form

Group Name: ___________________________  Contact Person: ___________________________

Address: __________________________________________________________

City: ___________________________  State: ___________________________  Zip: ___________________________

Email: ___________________________  Phone: ___________________________

LSI Member? ___________________________

Name of Event: ___________________________  Date: ___________________________

Event Location: ___________________________  Time: ___________________________

Event Description: __________________________________________________________

Expected # of Participants: ___________________________  Needed from the LSI: __________________________________________________________
Expected Proceeds to LSI: ___________________________  □ LSI Logo
Expected Donation Date: ___________________________  □ Lupus Educational Materials

Proposed involvement from LSI: __________________________________________________________

Notes: __________________________________________________________

Signature ___________________________  Date ___________________________

(Feel free to attach additional materials to support your proposal)

□ Approved  □ Declined  Staff initials________________________  Date ________________