



Third Party Fundraising Agreement

Event Name: _____

Description of Event: _____

Date of Event: _____ Time of Event: _____

Location: _____

Phone: _____ Email: _____

Company/Organization Name: _____ Contact Person: _____

Expected number of Guests? _____

Percentage of proceeds will be donated to ARLFR?: _____

Do you have a preference on how your organization is recognized? _____

Will the ARLFR logo be used? If so in what manner? _____

Who will handle promoting the fundraising event?_____

Do you need promotional material?_____ Date needed:_____

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Are you expecting a League Representative to attend the event?_____

Organizer's Signature_____ Date:_____

ARLFR Rep's Signature_____ Date:_____

Thank you for completing the Third Party Fundraising Agreement Form. You will receive confirmation through email or telephone within 5 business days of receipt of this form. For any questions, please call John Panarese, Executive Director at (508) 646-9663. We are excited to be working with you to help make your event successful and fun. We look forward to an ongoing, long-term partnership.

Please return this form by:

Email to: John@ARLFR.org

Fax to: 508-676-5286

Mail to: ARLFR
474 Durfee Street
Fall river, MA 02720
Attention: Third Party Fundraising

If you prefer, you may also complete this form online at www.ARLFR.org

Thank you for your interest and for wanting to help animals!