

National Corporate Partnership Proposal Form

Contact Information

Business Name: _____

Primary Contact and Job Title: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

Website: _____ Email: _____

Business Information

What is the nature of your business/organization? _____

When was your business established? _____

How many employees work at your business? _____

Has your business supported other not-for-profit organizations in the past? If so, which ones?

Program/Product Information

Is it a National program, or is it Province-specific? _____

Please describe the program or promotion that you are proposing:

Would you require use of the Foundation's logo? _____

What is the sell period of the program? _____

How many units will be produced for the program? _____

What is the suggested retail price of the product? _____

In which stores would your product be sold? _____

Program Guidelines:

Until a fully executed Trademark License Agreement is received by the Foundation, use of the Canadian Breast Cancer Foundation name, logo, or any of its marks is strictly prohibited.

The Foundation requires full disclosure regarding the benefit to the organization when funds are raised through a consumer purchase or promotion (i.e. \$1.00 from the sale of each item) on all packaging, advertising and promotional materials in clear, unambiguous terms.

Your organization must agree to provide a final accounting report at the end of the program.

The Foundation does not issue charitable tax receipts for cause-related marketing programs, in compliance with the Canada Revenue Agency.

National Corporate Partnership Proposal Form (continued...)

Financial Information

The minimum license fee for a National Cause-Related Marketing Program is \$50,000 per term and per product.

Are you able to guarantee this amount? _____

The minimum portion of proceeds to benefit the Foundation is 10% of the retail price to build up to the \$50,000 license fee.

Are you able to guarantee this percentage? _____

Will the Foundation be the sole beneficiary of this program? _____

Will sample items from the program be available to the Foundation for use as gifts in-kind? _____

Foundation Information

Why did you choose the Canadian Breast Cancer Foundation as the program beneficiary?

Please outline your expectations for the Foundation's involvement and support of the program:

How will you evaluate program's success? _____

Would this information be made available to the Foundation? _____

Program Guidelines:
(continued...)

The Foundation requires a minimum commitment of \$50,000 per product, reached through a minimum 10% of the product's retail price.

A cause-related marketing partnership is separate and distinct from other national programs including the Canadian Breast Cancer Foundation CIBC Run for the Cure.

Some programs are better suited to work on a Regional level than a National level. If this is the case, we will have a local representative contact you, or provide appropriate contact information.

If you have any further questions, you are welcome to contact us directly.

COMPLETED FORMS CAN BE FAXED, MAILED OR E-MAILED TO:

Corporate Development Coordinator
Canadian Breast Cancer Foundation, Central Office
 375 University Avenue, 6th Floor
 Toronto, ON
 M5G 2J5
T: 416-596-6773 | 1-800-387-9816
F: 416-596-7857

Thank you for taking the time to complete this form. We will do our best to respond in a timely manner.