

## Cause Marketing Application Form

Canadian Breast Cancer Foundation – Prairies/NWT Region

Thank you for helping us work toward a future without breast cancer. We appreciate your interest in raising funds and awareness for the Canadian Breast Cancer Foundation – Prairies/NWT Region. Funds raised will be used for research and community projects, breast health information and awareness programs in our region. Please read and complete the following information and return it to us for approval.

Date of Application: \_\_\_\_\_

### I. CONTACT INFORMATION

Name of Business/Organization: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Numbers: Business: \_\_\_\_\_ Alternate: \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

#### Brief Description of your Business/Organization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When was your business established \*? \_\_\_\_\_

Does your business operate/sell outside of Prairies/NWT Region?  Yes  No

If yes, where:

\_\_\_\_\_

### II. CAUSE-MARKETING INITIATIVE

Brief Description of the concept for your Cause-Marketing campaign:

\_\_\_\_\_  
\_\_\_\_\_

What type of campaign are you hosting?  One time  Annual event  Other \_\_\_\_\_

Is this the first year of your campaign?  Yes  No

If no, please indicate previous beneficiary: \_\_\_\_\_

When will the campaign take place? Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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

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Would your company be interested in sponsorship opportunities?  Yes  No

How will funds be raised: *(please check all that apply)*

Proceeds of sales \_\_\_\_\_%  Donation per item sold (\$/item: \_\_\_\_\_)

Web-based sales  Other \_\_\_\_\_

How will your products be sold/promoted?

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Will you be hosting any events outside product sales?  Yes  No

If so, provide a brief description

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#### IV. PROJECTED FINANCIAL INFORMATION

Projected net donation to CBCF: \$ \_\_\_\_\_

Proceeds from the funds donated will be sent to CBCF:

Monthly  Bi-Monthly  Quarterly  Bi-Yearly  Yearly (specify month): \_\_\_\_\_

#### V. MARKETING INFORMATION

Who is responsible for the promotion (internal, external)? \_\_\_\_\_

How will this promotion be advertised?  Locally  Regionally  Provincially  Nationally

How will the Foundation be recognized on packaging/advertising/promotion? Is there an opportunity to include key breast health information on your packaging or at point of sale?

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## Cause Marketing Terms and Conditions

### FINANCIAL ITEMS

**EXPENSES** – Any expenses must be paid directly through funds raised that are not eligible for tax receipts or by event organizers, and cannot be deducted from donations to the Foundation. The Foundation will not be responsible for any expenses.

**TAX RECEIPTS** - In accordance with our policy, the Foundation has full control over the issuing of tax receipts. The Foundation must also have the opportunity to review and approve any program-related tax receipt issues in advance of the program, to ensure conformity with federal regulations. Where a donation is eligible for a tax receipt, the cheque must be made payable directly to the Canadian Breast Cancer Foundation from the donating corporation or individual. The Foundation does not issue tax receipts for in-kind donations, auction items or sponsorships for any community events; we are happy to provide business receipts instead

**FINANCIAL CONTROLS** - The Foundation requires that the company/individual/group organizing the event or campaign is using satisfactory financial controls. The budget, financial records and bank information for the event must be available to the Foundation, if requested. The event or program should be financially viable in the opinion of the Foundation. All funds must be received by the Foundation no later than 30 days after the day of the campaign.

### EVENT PROMOTION ITEMS

**NAME AND LOGO USAGE** - The Foundation must approve all documents and materials that make visual or verbal reference to the name, logo and/or official marks of the Foundation, in whole or in part, whether intended for print, broadcast, or online media (i.e. websites). This approval must be provided by the Foundation prior to the documents and materials being used publicly, regardless of whether the initiative is internal or external to a group or organization. Approval from the Foundation gives you the right to use the Foundation's name and logo only as it relates to your campaign. This right cannot be assigned or transferred, can only be extended with written permission from the Foundation, and must be renewed each year of the campaign. The Foundation also reserves the right to revise any breast health information within promotional materials to ensure accuracy. The Foundation reserves the right to withhold the use of its name and/or logo from any event.

### OTHER ITEMS

**ACCEPTING OF PARTNERSHIPS** - The Canadian Breast Cancer Foundation seeks to ensure all projects are ethical and compatible with the Foundation's mission and values. The public perception of the activity must not be injurious to the Foundation. The Foundation will not accept gifts from tobacco companies. Gifts and/or partnerships are assessed against the region's gift acceptance policy framework.

**USE OF FUNDS** - Use of the funds received by the Canadian Breast Cancer Foundation from the event will be determined solely by the Foundation, in accordance with its mission.

**PHOTOS** – We appreciate receiving photos from your event or campaign. Any event photos submitted to the Foundation may be used by the Foundation to recognize your contribution and/or promote fundraising activities. By submitting them you are giving full permission for the Foundation to collect, use and disclose the photographs, electronic images and/or video images in any broadcast, telecast and/or written account of the event.

**TERMINATION CLAUSE** – The Foundation reserves the right to terminate any cause marketing partnerships at any time. Termination will be communicated in writing.

**ENDORSEMENT** - The Foundation is grateful for the strong support provided by all of our community events and their sponsors; however this acknowledgement does not constitute an endorsement of any companies' products or services used in connection with the cause marketer.

**PRIVACY**- The Canadian Breast Cancer Foundation respects your privacy and will never sell, trade, or loan your information to any other organization. Your information will only be used for follow-up contacts (such as newsletters), and to process and recognize your donations. Your information will only be disclosed to our own employees and agents and only to accomplish the purposes listed above. By providing this information you consent to our collection of the information.

## Cause Marketing Support Form (Please complete with Agreement)

Company/Campaign Name: \_\_\_\_\_

### CBCF WEB PAGE EVENT LISTING INFO

Would you like the event listed on the Prairies/NWT Region website?  Yes  No

If yes, please provide a brief written paragraph describing the program. (100 words max)

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Event URL: (where applicable) \_\_\_\_\_

Contact Info to be listed on the website: \_\_\_\_\_

**Please provide suitable image of product for display on our website?** *Check all that applies and provide as attachment.*

Event/Promo Photo  Logo (jpeg, .eps)  Product Image

Other \_\_\_\_\_

URL page for product link: \_\_\_\_\_

Retail Price \$: \_\_\_\_\_ per unit      % or \$ donated to CBCF: \_\_\_\_\_

## Cause Marketing Letter of Intent

Canadian Breast Cancer Foundation – Prairies/NWT Region

By signing this Cause Marketing Letter of Intent, I \_\_\_\_\_  
am verifying the information provided in this Application is valid and that I fully understand and will comply with the  
Terms and Conditions as outlined in this Application and Agreement. I understand that the Foundation will base their  
approval on the information provided in this Application. This information may be disclosed to employees and agents of  
the Foundation as necessary to perform this evaluation and any requested activities. I am aware that this information  
will be kept for seven years by the Foundation.

Signature of Campaign Organizer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of CBCF Representative: \_\_\_\_\_ Date: \_\_\_\_\_

CBCF Vice-President Approval: \_\_\_\_\_ Date: \_\_\_\_\_

THANK YOU FOR YOUR APPLICATION. YOU WILL BE CONTACTED WITHIN 2-3 BUSINESS DAYS.

### Mail or Fax the completed forms to:

Attention: Sylvie Keane  
Canadian Breast Cancer Foundation – Prairies/NWT Region  
#700, 10665 Jasper Ave  
Edmonton, AB, T5J 3S9  
Fax: 780-451-6654  
Email: [skeane@cbcf.org](mailto:skeane@cbcf.org)  
For any questions, please contact us at 1-866-302-2223.