



Thank you very much for your interest in making Second Chance Animal Rescue (SCAR) the beneficiary of your fundraising efforts. We are so fortunate that community members choose to use their time, energy and effort to help raise funds to support our mission.

To help make your fundraising event successful and enjoyable, and make best use of our staff resources, please fill out and submit the attached Third Party Fundraising Agreement. Individuals, organizations or any other entity seeking to enter into a third party fundraising agreement with SCAR hereafter will be referred to as the Third-Party Fundraiser.

Please submit a completed Third Party Fundraising Application. We encourage questions regarding fundraising events—please call the shelter at 603-259-3244.

Guidelines:

1. Third party events should be approved by SCAR prior to the event.
2. Any use of the SCAR name, logo, visual representation of SCAR animals or facilities must be approved by SCAR prior to the event.
3. SCAR will not be responsible for expenses incurred by a third party fundraiser except if there is a written agreement to the contrary agreed and signed by both parties.
4. Materials including but not limited to press releases, public service announcements, electronic marketing, posters, brochures, flyers and tickets must be approved by SCAR prior to distribution.
5. SCAR prohibits telephone solicitation by third parties.
6. Approved Third Party fundraising events must be referred to as "benefitting Second Chance Animal Rescue." They may not be represented as "sponsored by", "conducted on behalf", or any similar terminology.
7. SCAR will not be bound by any agreements that are not in writing and agreed upon prior to the fundraising activities.
8. Third Party Fundraiser agrees to obey all federal, state and local laws and regulations in promoting and conducting their event.



Third Party Fundraising Application

Event Name: _____

Description: _____

Location of Event: _____

Date of Event: _____ Time of the Event: _____

Expected number of guests: _____

Organization Name or Your Name: _____

Contact person of Organization: _____

Phone: _____ Email: _____

What percentage of proceeds will be donated to SCAR? _____

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

Will the SCAR logo be used, if so in what manner? _____

If you plan on promoting your event, who will handle the promotion? _____

How will you promote your event? _____

Organizer's Signature _____ Date _____

SCAR approval Signature _____ Date _____

Please call 603-259-3244 with any questions.

Return Application by email to secondchancear.org@gmail.com

or mail to:

Second Chance Animal Rescue
1517 Meadow Street
Littleton, NH 03561

THANK YOU!