

## OUR MISSION

To provide compassionate support to Hancock County Cancer patients and families through their journey.

**CPS knows that cancer care is more than just medical treatments.** Patients and their families often need assistance with understanding healthcare coverage, paying for out-of-pocket expenses and completing daily tasks. Our CPS support is provided *free of charge* to individuals who have been diagnosed with cancer and live or work in Hancock County.

The goal of CPS is to address the *whole person*, not just the disease. We do so by providing guidance, comfort and services that help reduce stress and help clients cope during a difficult time.

CPS is funded by the United Way of Hancock County, our signature fundraiser Chili Cook-Off, through various grants and third party fundraisers, as well as memorial donations and the generosity of many individuals.

- Provides more than 725 people with programs and services to relieve stress and help them cope
- Provides over \$150,000 in direct financial assistance and over \$50,000 in medical supplies and nutritional supplements.

### **Cancer Patient Services contact regarding Third Party Fundraising:**

Adrienne Marquart – Donor Development and Event Coordinator

419-423-0286

[development@cancerpatientservices.org](mailto:development@cancerpatientservices.org)

### **What is a Third-Party Activity?**

A Third-Party Activity can be defined as any fundraising initiative brought forward by an individual(s), community group, service club, or business external to Cancer Patient Services who wish to raise money through a planned activity that is designed, managed and financially resourced by the external participants.

### **THIRD PARTY ACTIVITY –Straight Donations:**

Third-Party Straight Donation Activities are essentially independent from Cancer Patient Services, however all net proceeds or some portion of the activities funds are donated to Cancer Patient Services. We welcome such donations. Should it be requested, Cancer Patient Services may be able to provide the following support:

- Upon request a Cancer Patient Services staff member or volunteer to attend the event or check presentation if scheduling allows
- Tax receipting in compliance with Internal Revenue Code Section 501 (c)(3)

# Third-Party Activity Tool Kit



- Promotion via the CPS website calendar, social media and inside the office
- Printed materials about CPS that provide information regarding our mission, programs and services
- Provide CPS logo for promotional materials
- Provide an endorsement letter for soliciting auction items, sponsors or licenses

## THIRD-PARTY EVENT IDEAS

Listed below are ideas of ways you can help raise funds and awareness for CPS. By no means must you stick to this list. Let your creativity guide you!

- **Host a fundraiser:** Car Wash, bake sale, or donate a percentage of money earned during an event-the possibilities are endless!
- **Collect Donations:** Set out collection jars during events, next to cash registers, etc. to for event attendees and/or customers to help you support CPS.
- **Designate Cancer Patient Services as the beneficiary for your event:** Donate a portion of your proceeds from your annual event, your businesses weekend/monthly/quarterly sales, food sales at a sporting event, etc.

## THIRD-PARTY FUNDING OPPORTUNITIES

Here are some examples of areas that your funding would impact. If you would like more information on any of the programs or services listed below or would like to inquire about funding another area, please contact us.

**Your Gift Can Provide ...**

<b>\$2,400</b>	<ul style="list-style-type: none"><li>• One client with 12 months of financial assistance for out-of-pocket medical expenses</li><li>• 1 hospital bed</li><li>• 2 lift chairs</li><li>• 3 six-week music therapy classes</li></ul>
<b>\$1,000</b>	<ul style="list-style-type: none"><li>• 2 clients with 10 hours of assistance from a patient guide</li><li>• 2 four-week music therapy classes</li></ul>
<b>\$500</b>	<ul style="list-style-type: none"><li>• 14 cases of nutritional supplements for tube feeding</li><li>• 5 private sessions with a licensed mental health professional</li><li>• 4 transport wheel chairs</li><li>• 16 Reiki sessions</li></ul>
<b>\$100</b>	<ul style="list-style-type: none"><li>• 4 cases of Ensure®</li><li>• 24 pkgs. of medical briefs</li><li>• 11 mattress covers</li><li>• 1 transfer shower bench</li><li>• 5 art sessions</li></ul>

**THERE ARE MANY WAYS TO GIVE**

- 🖱️ **ONLINE** at: [cancerpatientservices.org/donate](http://cancerpatientservices.org/donate) where you may use a credit card to make a donation.
- ✉️ **MAIL** your check payable to: Cancer Patient Services, 1800 North Blanchard Street, Suite 120, Findlay, OH 45840.
- 👤 **CONTACT US** for more information at: Bethany Powell, 419-423-0286, [bpowell@cancerpatientservices.org](mailto:bpowell@cancerpatientservices.org)

# Third-Party Activity Tool Kit

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If you wish to hold a fundraiser with net proceeds or a portion thereof being donated to Cancer Patient Services, we ask you to follow the guidelines below:

1. Cancer Patient Services encourages fundraising events that are consistent with our good image.
2. To conduct an event, you are required to complete an application, included as Appendices A & A1. Once you submit your application, we will review it and respond within one week. If the application is approved, we will provide you with a Letter of Agreement. This may be shown to potential donors, sponsors and volunteers.
3. Any organization/group that is donating a portion of their net proceeds rather than the full amount, must state exactly how much, either in a percentage or a specific dollar amount on the application form.
4. Any organization/group wishing to use the Cancer Patient Services or logo on any materials, including advertising, must receive Cancer Patient Services approval prior to production.
5. Cancer Patient Services must not be party to any liability coverage without prior knowledge and approval.
6. The sponsoring organization/group agrees to underwrite all costs of the special event or promotion and to secure such underwriting. Cancer Patient Services shall incur no costs unless otherwise agreed in writing prior to the special event or promotion.
7. The organization/group is responsible for obtaining appropriate licenses (i.e. raffles, alcohol etc). For information on how licensing may be obtained go to <http://liquorcontrol.ohio.gov/liquor12c05.htm>
8. Cancer Patient Services agrees to provide the sponsoring organization/group with appropriate recognition commensurate with the size of their gift as per our Donor Recognition Policy.
9. The sponsoring organization/group agrees to handle all monetary transactions for the special event or promotion and to present the proceeds to the Cancer Patient Services within 30 days of the completion of the event or as agreed in writing to Cancer Patient Services. The preferred method of payment is a check or money order payable to the Cancer Patient Services. Attached to the payment, should be a list of donors and donations of materials and supplies. Appendix B provides a format for the Donor List. This is included in the package. Appendix C, also included in your package, a form to keep track of material donations (i.e. Food donations, door prizes, printing). This form requires a value for the items. If a material donor requires a tax receipt, documentation for the donation (e.g. invoice/bill) must be provided to the Cancer Patient Services.
10. Appendix D provides a format for evaluating both the organization/group's event and the tools that Cancer Patient Services provided to the Third Party. The organization must complete "The Report to Cancer Patient Services" and the "Third Party Activity Report" and submit it with their final donation.
11. Tax receipts can be provided for any cash donation of \$10 or more. We provide tax receipts in accordance with Internal Revenue Code Section 501 (c)(3). In Appendix E is a copy of the Cancer Patient Services tax exempt letter. Please direct any questions to Cancer Patient Services Staff.
12. The sponsoring organization/group agrees to ensure that all materials borrowed are returned promptly and in the same condition they were received. The sponsoring organization/group agrees to accept responsibility for damage or loss of materials borrowed from Cancer Patient Services.

**Acceptance of the above Guidelines by the [Third Party Group]:**

**Signature:**

**Date:**

***Appendix A: Third Party Fundraising Application***

# Third-Party Activity Tool Kit

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## Contact Information

Name of Organization, Business or Individual	
Contact Person Name	
Street Address	
City/State/Zip Code	
Home Phone	
Work Phone	
E-Mail Address	

## Activity Information

Type Of Activity You Wish To Do	
Date Of Activity	
Location	
Brief Description Of Activity (Describe how money will be raised)	
Event Timeline (Please provide as much details as possible)	
Cancellation Plan	

## Project Plan

Objective	
Target Group	
Publicity/Promotion (e.g. brochures, print ads, media)	
Request Form Cancer Patient Services:	Education Materials <input type="checkbox"/> Foundation Rep to attend event <input type="checkbox"/> Other:

# Third-Party Activity Tool Kit

<p>What Support do you expect from Cancer Patient Services? (volunteers, materials, staff ect.)</p>	
<p>Is Cancer Patient Services the sole beneficiary from this event?</p>	<p> <input type="checkbox"/> Yes      <input type="checkbox"/> No         </p> <p>If no, name other organizations that will benefit:</p>
<p>Please include a copy of your budget, listing revenues and expenses. You may use your own format or the format attached.</p>	
<p><b>Agreement and Signature</b></p>	
<p>Name (printed)</p>	
<p>Signature</p>	
<p>Date</p>	

# Third-Party Activity Tool Kit

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## Appendix A1: Third Party Fundraising Proposed Budget

Sources of Revenue:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
(A) Total Revenue	\$ <input type="text"/>

# Third-Party Activity Tool Kit

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Expected Donated Materials –Goods & Services

_____	\$ _____
_____	\$ _____
_____	\$ _____
(B) Total Donated Materials	\$ <input style="border: 1px solid green;" type="text"/>
(C) <b>Total Gross Revenue</b> (A+B)	\$ <input style="border: 1px solid green;" type="text"/>

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Expenses Itemized:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
(D) Total Expenses	\$ <input style="border: 1px solid green;" type="text"/>
(E) Total Net Revenue (C-D)	\$ <input style="border: 1px solid green;" type="text"/>

**Total Donation To Cancer Patient Services:**

\$  OR Percentage of Proceeds:  %

# Third-Party Activity Tool Kit

## Appendix B: Third Party Fundraising Donor List

Organization: \_\_\_\_\_

Event: \_\_\_\_\_ Date: \_\_\_\_\_

*Please make checks payable to Cancer Patient Services*

Please provide the following information so the receipts can be issued correctly:

Date	Donor Name	Address	\$ Amount of Gift	Types of Donation Check/Cash		Email



# Third-Party Activity Tool Kit

## Appendix C: Third Party Gift and In-Kind donors

Organization: \_\_\_\_\_

Event: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Donor Information	
Name:	
Email:	
Street Address:	
City/State/Zip	
Phone Number:	
Fax:	
Donated Item:	
Purpose of Donation: (Auction/Door Prize)	
Date of Donation: (year/month/day)	
Value of Donation: (retail)	\$

**Photocopy As Needed**

*To be Submitted by the Third Party with payment of donation*

# Third-Party Activity Tool Kit

## Appendix D: Third Party Fundraising Evaluation Form

Organization: \_\_\_\_\_

Event: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fundraiser Success	
Do you feel your fundraiser was a success?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How much did your fundraiser raise?	\$ _____
Were your expectations met by the Cancer Patient Services staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you consider hosting another Third Party fundraiser on behalf of Cancer Patient Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you have sponsors/donors that contributed to your fundraisers success	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list them:	
Other Comments:	
Third Party Fundraising Tool Kit	
Did you think the Third-Party Kit provided to you by Cancer Patient Services was helpful?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any suggestions to enhance the toll kit for future fundraisers?	
Other Comments:	