

## **KW Cares Fundraiser Agreement**

Email to <a href="mailto:kwcares@kw.com">kwcares@kw.com</a> or Fax to: 435-514-2229

## **Contact Information**

Chairperson Name/Title:	Co-Chair Name/Title:	
MC (or Region) Number and Name:		
Address:		
City, State, Zip:		
Email:		
Phone:	Fax:	
Event Information		
Type of Fundraiser:	Date:	
List all activities planned:*		
Will you solicit sponsorships?	Location:	
Estimated Attendance:	Cost per Individual:	
Estimated Gross Proceeds:		
Estimated Direct Costs:		
Estimated Net Proceeds:		
The	Market Center (or Region), hereby requests the use of the	
The state of the s	independent, third-party-sponsored fundraising event with the	_
	ill be donated to KW Cares. KW Cares is an organization descr	
	e and is located in Austin, Texas. KW Cares grants Market Center	
_	n independent, third-party-sponsored fundraising event with the	understanding
that <b>100 percent</b> of the proceeds will l	be donated to KW Cares.	
·	r, Market Center (or Region) agrees and understands that the cole responsibility of Market Center (or Region). Market Center (or xcess of gross proceeds from the event.	
	s not permit fundraising activities that include gaming for profit, g	goods or
services, including but not limited to p	ooker, casino nights, raffles, bingo, etc.	
	Il be held harmless from any liability in connection with the funderal liability insurance policy does not cover this event, liability insurance submitted to KW Cares.	_
KW Cares is an organization described the value of any benefits received in the Internal Revenue Service (IRS) Reg		ntributions, <b>less</b> tent allowed by
Disclosure Statement: Market (	Center (or Region) agrees to submit for approval to KW Care	es a disclosure

approved disclosure statement must appear on all p in the event (see examples** on p. 2). Failure to do s Region) agrees that the approved disclosure stateme	so subjects KW Cares to fines le	evied by the IRS. Market Co	-
Management of Event Funds and Reconciliation issue receipts, all checks for sponsorships, fees, tick checks to KW Cares must not be deposited in Market KW Cares. In the case of major fundraisers such as gowork with the Market Center (or Region) to pay do Market Center (or Region) and will be reimbursed unwhich can be downloaded from the KW Cares Websito KW Cares with the reconciliation. Market Center (or be submitted to KW Cares within 30 days of the event incurred in excess of gross proceeds from the event.	tets and donations must be made to Center (or Region) accounts. For the conference of the conference of the completed of the completed of the complete of the	ide payable to KW Cares, a Gross receipts must be rec KW Cares, in its sole discret expenses are to be covered I Cares Event Reconciliation for all expenses must be supplete reconciliation of the e	and that eived by tion, will d by the on Form, ubmitted vent will
Receipts: Market Center (or Region) understa donations as allowable by law are to be issued only lany receipts.		-	
Marketing: Market Center (or Region) agrees the Cares name and/or logo will be submitted to and a logo's appearance may not be altered.	_		
Promotion: Market Center (or Region) agrees Center's (or Region's) business, to secure listings, to for office. Market Center (or Region) agrees the ever will be promoted as a charitable event, and not a cwill be promoted as a charitable organization and no organization or as an agent.	recruit associates or to promo ent will be limited exclusively t ommercial one. Market Center	ote a political agenda or ca o raising money for KW Ca (or Region) agrees that K	andidate ares and W Cares
*Please include all aspects of the event. Examples: (#1) the golf \$35 (or included). (#2) Live and silent auctions will be conducted			additional
** Example of a disclosure statement: Please note that only the tax deductible as allowable by law.	e portion of your contribution that ex	ceeds the value of any benefits i	received is
Provide the <b>Disclosure Statement</b> for your event:			
I understand and agree to these terms and accept respons 30 days) of this fundraiser.	sibility for the conduct of this ever	at and the timely reconciliation	on (within
	Event Chair Signature	Date	
I authorize this fundraiser on behalf of MC (or Region) and	d agree to the terms herein.		
#_	TL/OP/(RD) Signature	 Date	
I authorize this fundraiser on behalf of KW Cares.			
	KW Cares Signature	Date	

Please contact KW Cares at 512-327-3070 or <a href="mailto:kwcares@kw.com">kwcares@kw.com</a> if you have any questions.