



Thank you for your interest in supporting the Wisconsin Dental Association Foundation, Inc. and its programs. By hosting a fundraising event you will be helping the foundation bring dental health to thousands of disadvantaged Wisconsin residents.

All events must be approved by the Wisconsin Dental Association Foundation before the hosting organization/group may announce, publicize or hold the event.

After an event has been approved by the WDA Foundation, any change of activities must be approved by the foundation.

The Wisconsin Dental Association Foundation reserves the right to approve only those events which conform to the ethics and reputation of the WDA Foundation and which, at the sole discretion of the foundation, represent the organization appropriately. We reserve the right to review and request additional information before making a decision. The WDA Foundation may choose to opt out as a beneficiary of an event at anytime with no explanation or obligation.

Third Party Event Information Form

Event name: _____

Event date: _____ Event time: _____

Contact person: _____ Phone (days): _____

Phone (eves): _____ Fax: _____

E-mail: _____

Organization name (if any): _____

Address: _____

Please describe the event (attach additional information if necessary): _____

How do you plan to publicize the event? _____

What is your fundraising goal? \$ _____

What is your estimated gift to the WDA Foundation \$ _____

Is the WDA Foundation the sole beneficiary of the proceeds? ____ Yes ____ No

If no, please explain: _____

Will you solicit items, sponsorships or donations from local businesses? ____ Yes ____ No

If yes, please provide a list of potential businesses: _____

How would you like the funds used?:

Area of greatest need

Other (please specify) _____

Name (please print): _____

Signature: _____

Date: _____

Please complete the Third Party Event Information Form and return to:

Vicki Bohman
Executive Director
WDA Foundation
6737 W. Washington Street, Suite 2360
West Allis, WI 53214

(Fax) 414-755-4199
vbohman@wda.org

If you have questions about Third Party Events, please contact Vicki Bohman at 414-755-4198 or 1-800-364-7646.

THIRD PARTY FUNDRAISING AGREEMENT

As a nonprofit organization, the Wisconsin Dental Association Foundation (hereafter referred to as the Foundation) must adhere to specific legal and accounting requirements. To clarify the controls the Foundation must maintain as a beneficiary of an event, the following criteria have been developed for all events.

- The name of the Wisconsin Dental Association Foundation may only be used in the context of “proceeds to benefit the Wisconsin Dental Association Foundation.” For example, the phrase “Wisconsin Dental Association Foundation Silent Auction,” WOULD NOT be acceptable, but the phrase “Silent Auction to Benefit the Wisconsin Dental Association Foundation” WOULD be acceptable.
- Any media releases issued by you or your organization must be reviewed by the Foundation prior to the material being released or distributed. This includes, but is not limited to, media releases, public service announcements, programs, brochures, invitations, posters, and signage.
- No person working on the event shall identify themselves as representatives of the Foundation. Their role in the event shall be clearly stated as a volunteer or staff member of the event sponsor.
- The Foundation will not have any obligation to meet any of the expenses related to the event.
- The Foundation will not supply any mailing lists for the event.
- The Foundation may, but is not obligated, to help announce the event to its constituents through various methods.
- Materials provided to the public must include the following line: **The Wisconsin Dental Association Foundation is not responsible for any injury or damage resulting either directly or indirectly from this event.**
- If requested by the event sponsor, the Foundation will attempt to have a representative attend the event to offer public thanks. The Foundation cannot guarantee that a representative will be available.

The Wisconsin Dental Association Foundation is not responsible for any injury or damage resulting either directly or indirectly from any third-party event. Further, the hosting organization/individuals will defend, indemnify and hold harmless the Foundation and the Foundation’s officers, trustees, employees and agents from any and all losses, claims, damages and liabilities (including without limitation, attorney’s fees and other expenses) arising out of any actions or omissions of the sponsor and the sponsor’s officers, members, directors, employees and agents, of any kind whatsoever.

I have read the Wisconsin Dental Association Foundation’s Third Party Fundraising Agreement and on behalf of _____, agree to comply with the criteria set forth, in conjunction with the _____ event scheduled for _____ at _____.

Signature of event sponsor representative

Date