



**MAM (Memorial Assistance Ministries)
Third Party Fundraising Agreement**

1. Name of Company/Organization: _____
2. Contact Name: _____
Title: _____ Phone: _____ Fax: _____
E-Mail: _____ Website: _____
Address: _____
City: _____ State: _____ Zip: _____
3. Date(s) of event/promotion: _____
4. Location of event & address: _____
5. Description of event/activity (i.e., basic concept/promotion/goal): _____

6. How do you plan to publicize this event? (Please list all areas, ie. Radio, print ads, flyers, television, etc.) _____

7. Projected Minimum/Maximum Dollars \$_____ / \$_____ or _____% of income to MAM.
8. Will other organizations receive a portion of the income? Yes ___ No ___
(If yes, please indicate who they are and the dollar amount \$_____ or _____% of income they will receive.) _____
9. Proposed use of MAM name, logo and collateral materials
Which, if any, names, logo and or collateral materials are you requesting permission to use or display in connection with your event? (Please check)
_____ MAM (Memorial Assistance Ministries) (typed words)
_____ MAM Logo (pdf)
_____ About MAM (one page pdf)
_____ Get involved with MAM (one page pdf)
_____ Table Set-up (tablecloth, banners, etc.)

How do you propose to use each of the above? _____

(Note: Pre-approval is required before distribution.)

*When you fundraise for MAM you are helping families gain
the strength to overcome their obstacles! Thank you!*

