

Third-Party Fundraising Information Form

Authorization and Letter of Agreement

On behalf of the Humanity Hospital (Governed by Humanity Trust), we sincerely thank you for your interest in hosting a fundraising activity to support and benefit the Humanity Hospital. This signed letter serves as an authorization as well as an agreement between the Individual or Organization named below under *Information and Description of Fundraising Activity** (hereinafter referred to as “you” or “your”) and the Humanity Hospital (referred to as “Humanity Hospital”) for the purpose of setting forth the terms and conditions of our relationship with respect to your fundraising activity. We ask that you agree to the following terms and conditions in order to best communicate that proceeds from your activity will support the Humanity Hospital.

Information and Description of Fundraising Activity			
Name of Organization or Individual:			
Contact Name:		Title:	
E-mail:	Phone:	Mobile:	
Website:			
Address:			
City:	State:	Zip:	Country:
Event/Fundraiser Description:			
Start Date:		Location:	
End Date:			
Indicate amount (in your currency) per sale/transaction or percentage of proceeds to be given to the Humanity Hospital:			
Additional Information/Comments:			
Terms and Conditions:			
<ol style="list-style-type: none"> The term of this Agreement will be from the date it is signed by both parties until the ending date. Unless otherwise approved, period may not exceed 3 months. The parties may mutually agree in writing to extend the ending date prior to its expiration. You agree to pay all costs associated with collecting and transmitting to the Humanity Hospital the proceeds and donations from your fundraising activity. You also agree to pay all costs associated with developing and printing promotional and marketing materials for your fundraising activity authorized hereunder (“Materials”), and you further agree that you will designate the beneficiary of the fundraising activity as “Humanity Hospital, Hanspukur, Kolkata, India” You agree that before you use, publish, disseminate or display the Materials, you will obtain written approval of the materials from the Humanity Hospital. This agreement does not grant permission to use the Humanity Hospital emblem; however, it does grant permission to name the Humanity Hospital as the beneficiary of this fundraising activity. You agree to include the following disclaimer on all Materials: “The Humanity Hospital name is used with its permission, which in no way constitutes an endorsement, express or implied, of any product, service, company, individual or political position.” You also agree to include the following contact information on all Materials: “For more information about the Humanity Hospital, please visit www.humanityhospital.org or www.facebook.com/humanityhospital.org”. All fundraising materials will specify the full name of the Humanity Hospital and must fully and truthfully state the amount per sale/transaction that is to benefit the Humanity Hospital. If your fundraising activity includes a donation collection drive, whereby you provide Donors the opportunity to donate money to the Humanity Hospital (“Donations”), you agree to collect Donations from Donors and forward one hundred percent (100%) of the Donations to the Humanity Hospital. You agree to combine all Donations collected during the Term and, within fifteen (15) days after the Term, transmit the Donations in one lump sum to the following address: Humanity Hospital, P.O.: Joka P.S.: Thakurpukur, West Bengal – 700 104, India. 			

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<p>5. If it is reasonable and customary for the Donors to expect an acknowledgement of their Donations collected under the fundraising activities authorized hereunder, you will either (i) provide to each individual Donor written documentation that acknowledges the Donor's contribution, or (ii) provide individual Donor and donation information (including, Donor name, address and amount of contribution) to Humanity Hospital for the purpose of Donor acknowledgement.</p> <p>6. YOU REPRESENT AND WARRANT THAT YOU WILL FORWARD TO THE Humanity Hospital ONE HUNDRED PERCENT (100%) OF THE DONATIONS. You shall indemnify, defend and hold Humanity Hospital or Humanity Trust harmless, including its units, and its Trustees, officers, employees and volunteers from and against any and all suits, claims, demands, liabilities, damages, costs and expenses (including reasonable attorneys' fees) arising out of or relating in any way to your business and the fundraising activities authorized hereunder.</p> <p>7. You agree that any tax credit accrues to the original donor and not to you as a third party conveyer of the donation.</p> <p>8. Fifteen days after the close of your Fundraising activity, or 15 days following the ending date of the Agreement, whichever comes first, the Humanity Hospital will receive a full and final accounting of all funds collected and expended. For a period of one year after the end of this agreement, the Humanity Hospital reserves the right to inspect and audit your financial records and bookkeeping with respect to all funds collected under this Letter Agreement.</p> <p>9. You agree that you will comply with all state and/or municipal charitable solicitation statutes and/or ordinances applicable to the Fundraiser activity.</p> <p>10. You agree that you shall not assign, subcontract or in any way transfer any of the obligations, duties or responsibilities under this Letter Agreement without the prior written permission of Humanity Hospital.</p> <p>11. Either party to this Letter Agreement may terminate this Letter Agreement at its convenience. In the event of termination, all funds collected subject to this Letter Agreement must be remitted as specified above.</p> <p>12. This Letter Agreement constitutes the entire agreement and understanding between you and Humanity Hospital with regard to the subject matter hereof and no amendment, modification or waiver of any of the terms or conditions herein shall be valid unless in a writing signed by both you and an authorized representative of Humanity Hospital.</p>		
<p>I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS OF THIS LETTER OF AGREE (You will receive a signed copy for your records when your fundraiser has been approved. Please do not proceed with your fundraiser until you have signed approval from the Humanity Hospital or Humanity Trust.)</p>		
Signature:	Full Name:	Date:
<p>On Behalf of the Humanity Hospital: <input type="checkbox"/> Approved <input type="checkbox"/> Denied</p>		
Staff Name/Title:		
Signature:	Date:	
<p>To be completed when collection has been received by the Humanity Hospital (within 15 days after the Term):</p>		
<p>Please provide a copy of your signed Letter of Agreement along with the money you have collected through your fundraising activity.</p>		
Amount Received:	Date:	
Received by:		
Comment/Remarks:		

Once again, on behalf of the Humanity Hospital, we thank you for your commitment to collect donations, or host a fundraising event, to support the Humanity Hospital.