



## Third Party and Sales Fundraising Application

<b>General Contact Information</b> <i>Fill out all that apply.</i>					
Your Name (first and last):					
Address (mailing):			City:		
State:	Zip		Business Phone:		()
	:				
Cell Phone:	()-		Email:		

<b>Organizational Affiliation</b> <i>Please fill out if the fundraising will be conducted by a business or club.</i>					
Name of business/club:					
Address (street):			City:		
State:	Zip:		Business Phone:		()-
Email:		Web Address:			
Please provide a brief description of your products or services:					

<b>Fundraising Information</b> <i>Please describe how you or the organization you are affiliated with plan to raise money and/or collect donations for the Society for the Prevention of Teen Suicide (SPTS).</i>	

<i>Please indicate the percentage that you or the organization you are affiliated with are going to give to the SPTS from the collected funds. You agree to notify us if this amount changes.</i>
%

<b>Events</b>			
<i>If the money raised or collected will be done so at events please list. Please use a separate sheet if necessary.</i>			
Event Name:			
Location:	Address:		
Start date (mm/dd/yyyy):		End date (mm/dd/yyyy):	

<b>Why SPTS?:</b>
<i>Please let us know why you are choosing to support SPTS (optional).</i>

<b>Disclaimer:</b>
<i>Please initial each statement to indicate understanding.</i>
Approval of your fundraising campaign will in no way constitute an endorsement, express or implied, of your product, service, company, opinion and/or political position. _____
Fundraising activities that support the SPTS mission and strategic initiatives will be considered. Please understand that the SPTS cannot approve requests that promote the sale of alcohol, cigarettes, items that are harmful to an individual's health, adult or pornographic materials, or any items that could be considered, by the ordinary person, to be offensive or inconsistent with our mission or the core values of SPTS. _____

**Co-branding:**

*Please describe how you would use the SPTS logo in your marketing. Please indicate a general description of the type of media (social media, print media, signage), placement relative to any other logos, any text to be used in conjunction with the logo. Approximate description is acceptable. Any use of our logo must be approved in writing by Dawn Doherty, Executive Director.*

**Signature**

Please sign your name and email this form to Olivia Smith, Development Associate, at [olivia.smith@sptsusa.org](mailto:olivia.smith@sptsusa.org) or mail to:

Society for the Prevention of Teen Suicide  
Attn: Olivia Smith  
110 West Main Street  
Freehold, NJ 07728

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print title if applying on behalf of an organization: \_\_\_\_\_