



110 West Main Street
Freehold, NJ 07728

Greetings!

Thank you for your interest in fundraising for the Society for the Prevention of Teen Suicide! Fundraisers help provide prevention, postvention and intervention programs and services impacting teenagers, parents and educators throughout the country. Raising funds for SPTS is a great way to build teamwork, augment your public relations efforts and make a difference in the community!

We would like to know more about your planned efforts. Please fill out the attached application completely to help our team review your request. When you have submitted the completed form, you will receive an email confirming your submission.

When is an application required?

- When the SPTS logo and/or name is being displayed in conjunction with fundraising efforts of any kind.

Following your application submission and upon review by our team, you will be provided with an agreement that outlines guidelines, helpful tips, and how the logo can be used.

Why is an agreement necessary?

- To define the relationship between the SPTS and the fundraiser.
- It assures the donor that monies donated will support the efforts of the SPTS. In the event that a potential donor contacts SPTS regarding the fundraising effort, the agreement allows us to assure the donor that the fundraising is an official SPTS affiliated event.

We are grateful for your time and outreach, and accordingly, our team will review and respond to your application as soon as possible. Please feel free to contact me with any questions or concerns at julie@sptsusa.org.

Respectfully,

A handwritten signature in blue ink, appearing to read "Julie", is written over a faint, larger version of the SPTS logo.

Julie Andreola
Director of Development



Third Party and Sales Fundraising Application

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

Organizational Affiliation					
<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:					

Fundraising Information	
<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>	
%	

Events			
<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):	

Why SPTS?:

Please let us know why you are choosing to support SPTS (optional).

Disclaimer:

Please initial each statement to indicate understanding.

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 Julie Andreola, Director of Development, at julie@sptsusa.org or mail to:

The Society for the Prevention of Teen Suicide
Attn: Julie Andreola
110 West Main Street
Freehold, NJ 07731

Signature: _____ Date: _____

Print Name: _____

Print title if applying on behalf of an organization: _____