



RHODE ISLAND COMMUNITY
FOOD BANK

Cause Marketing Campaign Application Form

Organizer Information

Organization Name: (required)

Subsidiaries involved (if any)

Campaign Coordinator Name (required)

Campaign Coordinator Title

Phone (required)

Email (required)

Street Address

City

State

Zip Code

Campaign Information

Campaign Name:

Campaign Description:

Campaign Location(s):

Campaign Date(s):

Campaign Time(s):

Financial Information

Projected minimum amount raised (required)

Projected maximum amount raised (required)

How do you plan to generate revenue for the Food Bank?

Please indicate what percentage of sales/sales of particular products will be donated (if applicable):

Anticipated date of delivery of revenue to the Food Bank (not to be later than 45 days after the final campaign date):

Will this be an annual campaign?

Yes No

Will the RI Community Food Bank name/logo be used in any materials or advertisements? (required)

Yes No

If yes, how?

If you cancel your campaign, you agree to notify us in writing as soon as possible.

Initial here:

I have read and agree to the Rhode Island Community Food Bank's Third Party Events guidelines. (required)

Initial here:

Signatures

Organizer

Organizer Title

Date

RICFB Representative

RICFB Representative Title

Date