



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?

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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