AMERICAN CANCER SOCIETY
NATIONAL CORPORATE PROGRAMS

2016 Request
National Company Team

Organization name: _____

Headquarter address: _____

Headquarter city: _____ State: _____

Headquarter ZIP: _____ Headquarter website: _____

Volunteer Lead

Responsibilities: Your company's lead contact to oversee and coordinate employee and/or customer engagement through internal/external communication, team development (if applicable), and organizational outreach

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Preferred phone: _____

Communications, Marketing, and/or Public Relations Contact

Responsibilities: Assists Volunteer Lead to coordinate employee and/or customer engagement through internal/external communication, team development (if applicable), and organizational outreach

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Preferred phone: _____

RELAY FOR LIFE
American Cancer Society

MAKING STRIDES
Against Breast Cancer®
American Cancer Society®

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Why is your company/organization interested in the selected program(s)? Are there particular benefits your company/organization is interested in or goals you would like to achieve (e.g., team-building, employee/member engagement, local or nationwide recognition)?

_____

_____

_____

_____

_____

Has Senior Leadership/CEO approved your company's participation in the selected program(s)?

○ Yes ○ No

If yes, please provide the below information about the senior leadership or CEO.

Name: _____ Title: _____

If your organization is not currently a local sponsor of a Relay For Life/Making Stride event(s), are you interested in learning more about this opportunity to provide your organization additional exposure and recognition?

○ Yes ○ No

Sponsorship coordinated through:

☐ Headquarter Location ☐ Individual locations

Commitment

As a potential corporate program participant, we commit to the following:

☐ Submitting a detailed plan of action and internal communication plan for involvement in selected program(s), by promoting the opportunity and encouraging our employees to get involved in local events, by **December 1, 2015**

☐ Providing an accurate list of local company contact names, email addresses, and phone numbers, for participation outreach, by **December 1, 2015**

☐ Providing color and black & white logos in EPS, Knockout, JPEG formats with this application

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Grant of License

Your organization grants to the American Cancer Society ("ACS") the free, limited, non-exclusive, nontransferable, nonassignable, revocable right and license to use your organization's name and relevant marks solely in connection with the selected program(s).

No Endorsement

ACS's acknowledgement of your organization's participation in the selected program(s), while identifying your organization, will not endorse your organization's products or services or contain any qualitative or comparative language or price information with respect to your organization's products or services. Both ACS and your organization agree not to use each other's intellectual property in any way that would imply endorsement of one's self or demean, defame, embarrass, diminish, or cause any harm to the other.

ACS owns the American Cancer Society name and logo and the Relay For Life and Making Strides Against Breast Cancer names and logos (collectively, the "ACS Mark"). During 2016, your organization may use the ACS Mark that corresponds with the selected program(s) to perform its commitments specified in this Application and also to acknowledge its participation in the selected program(s) as follows: "[insert your organization's name] is a proud participant in the [American Cancer Society Relay For Life® program/American Cancer Society Making Strides Against Breast Cancer® program]." Your organization may not use the ACS Mark in connection with the sale of a product or service. Any use of the ACS Mark other than the language set forth above requires the prior written review and approval of ACS. In addition, all materials promoting or referencing the selected program(s), Relay for Life, Making Strides Against Breast Cancer, or the ACS require the prior written review and approval of ACS. Requests for review and approval must be sent to kristin.klinkner@cancer.org. Upon request, your organization will provide ACS with copies of all materials promoting or referencing the selected program(s), Relay For Life, Making Strides Against Breast Cancer, or the ACS. Use of the ACS Marks shall inure to the benefit of ACS.

American Cancer Society®

THE OFFICIAL SPONSOR OF BIRTHDAYS.®

Thanks to the generous donations from corporate supporters and individuals like you, **we save lives** by helping people stay well and get well, by finding cures, and by fighting back.

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Company Representative

Name: _____

Phone: _____

Email: _____

Signature: _____

Date: _____

Accepted by ACS:

AMERICAN CANCER SOCIETY, INC.

Name: _____

Title: _____

Signature: _____

Date: _____

For internal American Cancer Society Staff use only:

Staff person name: _____

Renewel account or new account:

Please select all programs that apply and submit to kristin.klinkner@cancer.org.

☐ Relay For Life National Corporate Team Program
50 Relay For Life teams in two or more states

OR

☐ Relay For Life Entry Level Corporate Engagement

☐ RFL Other

☐ Making Strides Against Breast Cancer National Partners Program
$200,000 via teams, but also cause marketing, sponsorship or corporate contribution

OR

☐ Making Strides Against Breast Cancer Entry Level Corporate Engagement

☐ MSABC Other