

# CAUSE MARKETING PROGRAM QUESTIONNAIRE

Thank you for your interest in supporting City of Hope through a cause marketing program. With the help of our valuable partners, City of Hope is leading the way in the fight against cancer, diabetes and other life-threatening diseases.

We welcome the opportunity to develop new cause marketing programs. Our team looks for companies with a solid history and strong brand image that would like to make a contribution that is significant and clearly defined to the public. Furthermore, our goal is to offer a wide variety of opportunities for companies to get involved. When contemplating an alliance with a member of the business community, we apply the following guiding principles:

- A philosophy of partnership
- A communications strategy with a joint call to action
- Measurement goals, tracking and evaluation

In this spirit, please take the time to complete the information below. It will assist our team as we evaluate your fundraising idea and respond with thoughtful feedback and next steps.

Upon completion of this form, please email this document and all applicable reference materials (e.g., sample artwork, etc.) to [causemarketing@coh.org](mailto:causemarketing@coh.org).

Today's Date:

Type of Business:

## COMPANY INFORMATION

Company Name:

Number of Stores:

Number of Employees:

Annual Revenue:

Company Mailing Address:

Is your company national, regional or local in service and/or distribution?

Company Website:

Competitors:

Industry:

How did you first hear of City of Hope?

## CORPORATE CONTACT INFORMATION

Name:

Title:

Phone Number: (OFFICE)

Phone Number: (CELL)

Email Address:

## ABOUT YOUR FUNDRAISING PROGRAM

Please describe the way in which you'd like to collaborate with City of Hope. Be as specific as possible as it pertains to:

- The creation and/or sales of a particular product or service
- Proposed quantities of product(s) for sale or scope/range of particular services
- Distribution outlet(s) for the product(s) or services
- Geographic parameters of program (e.g., local/regional/national)

Start Date:

End Date:

Estimated Revenue to City of Hope:

Is there a minimum or maximum donation to City of Hope?

YES (If yes, please describe below.)  NO

Describe the marketing/PR/communications tools that will be leveraged to support this program.

Are there any other charities involved?

YES (If yes, please describe below.)  NO

Describe any support you would need from City of Hope.

Is there a celebrity component?

YES  NO

Why did you choose City of Hope as the charity beneficiary of this program?

Have you raised funds for City of Hope or any national charity in the past?

YES (If yes, please describe below.)  NO

Is there anything else you'd like to share with us that would be helpful in evaluating your proposal?

Thank you for your interest in City of Hope. Your proposal will be acknowledged within five business days and next steps will be communicated to you. Please note: Use of City of Hope brand elements is strictly prohibited until a fully-executed contract is in place.