WASHINGTON STATE GAMBLING COMMISSION
LOCATION: 4565 7th Avenue SE, Lacey WA 98503
MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400
TELEPHONE: 360-486-3440 / FAX NUMBER: 360-486-3630
TOLL-FREE: 1-800-345-2529 / WEBSITE: www.wsgc.wa.gov

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JOINT FUND-RAISING EVENT AGREEMENT

The lead organization is responsible for completing this supplemental form.

JOINT AGREEMENT STATEMENT:

The organizations listed below have agreed to conduct a Fund-Raising Event:

FROM: |___|___| / |___|___| / |___|___|___|___| (Date (MM / DD / YYYY)) |___|___|:|___|___| (Time) ☐ am / ☐ pm (Mark ☒ if ☐ Noon or ☐ Midnight)

TO: |___|___| / |___|___| / |___|___|___|___| (Date (MM / DD / YYYY)) |___|___|:|___|___| (Time) ☐ am / ☐ pm (Mark ☒ if ☐ Noon or ☐ Midnight)

Each organization agrees to the allocation of revenue derived from their Joint Fund-Raising Event as follows:

	% of Income	% of Expenses
Organization #1 (Lead):	|___|___|___|%	|___|___|___| %
Organization #2:	|___|___|___|%	|___|___|___| %
Organization #3:	|___|___|___|%	|___|___|___| %
TOTAL	**1 0 0** %	**1 0 0** %

NOTE: If the revenue plan is not strictly percentage allocation, use the reverse side of this form to fully explain the plan.

➢ ORGANIZATION #1 (LEAD ORGANIZATION):

Organization Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| (Include Branch / Chapter Name and Number)

Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

City: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| State: |___|___| Zip: |___|___|___|___|___|

Print Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Signature:_____ (Highest-Ranking Individual or Designee of Lead Organization) |___|___|___|-|___|___|___|-|___|___|___|___| (Phone)

➢ ORGANIZATION #2:

Organization Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| (Include Branch / Chapter Name and Number)

Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

City: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| State: |___|___| Zip: |___|___|___|___|___|

Signature:_____ (Highest-Ranking Individual or Designee) |___|___|___|-|___|___|___|-|___|___|___|___| (Phone)

➢ ORGANIZATION #3:

Organization Name: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| (Include Branch / Chapter Name and Number)

Address: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

City: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| State: |___|___| Zip: |___|___|___|___|___|

Signature:_____ (Highest-Ranking Individual or Designee) |___|___|___|-|___|___|___|-|___|___|___|___| (Phone)

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