



AUTHORIZED EVENT

Promotion Guidelines and Agreement

Promotions and Brand Guidelines

- Northern Light Health Foundation Authorized Events (“Authorized Events”) must be promoted and conducted in a manner to avoid the appearance of Northern Light Health Foundation/Northern Light Health endorsing any product, firm, organization, individual, or service.
- The Authorized Event holder agrees to take full responsibility for all marketing and promotion of event. This includes but is not limited to social media, print, radio, and television.
- Northern Light Health Foundation reserves the right to decline association with any third party when it is believed that such association or Authorized Event may have a negative effect on the reputation of Northern Light Health Foundation/Northern Light Health.
- Any use of the name and/or logo of Northern Light Health Foundation/Northern Light Health must be approved before promotion begins. All messaging, including verbal, written, electronic, and social is subject to approval by Northern Light Health Foundation.
- Northern Light Health Foundation operates under IRS guidelines for charitable giving. In compliance with these guidelines, Northern Light Health Foundation requires full disclosure on all packaging, advertising or promotional materials when funds are raised through a consumer purchase or promotion (e.g. \$1 from the sale of each item). All Authorized Events must comply with this requirement if applicable.
- Advertising, promotion, and associated materials must state that the proceeds of an activity will benefit Northern Light Health Foundation, Northern Light Health, or the appropriate member organization, but should not imply or state that Northern Light Health Foundation, Northern Light Health, or the appropriate member organization is the host, sponsor, or endorser.
- Promotional materials and/or advertisements cannot be purchased with Northern Light Health Foundation funds and are the responsibility of the organizer.

Agreement

As a Northern Light Health Foundation Authorized Event holder, I have read and agree to comply with the Promotions and Brand Guidelines as listed above. I understand that non-compliance may result in termination of agreement.

Authorized Event: _____ Authorized Event Holder Name: _____

Event Description: _____

Authorized Event Holder Signature: _____ Date: _____

MAIL COMPLETED FORM TO:
Northern Light Health Foundation
PO Box 931
Bangor, ME 04402

FOR MORE INFORMATION:
Contact us at 207.973.5055 or foundation@northernlight.org.