



**WASHINGTON STATE GAMBLING COMMISSION**  
 LOCATION: 4565 7th Avenue SE, Lacey WA 98503  
 MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400  
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**JOINT FUND-RAISING EVENT AGREEMENT**

**The lead organization is responsible to complete this supplement and obtain verifying signatures from each organization.**

**JOINT AGREEMENT STATEMENT:**

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

**From:** \_\_\_\_\_ AM / PM  
 Date Time (If Noon or Midnight – Indicate so)

**To:** \_\_\_\_\_ AM / PM  
 Date Time (If Noon or Midnight – Indicate so)

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:	_____ %	_____ %
<b>TOTAL</b>	<b>100</b> %	<b>100</b> %

**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 County

Signature: \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 Elected Chief Executive Officer of Lead Organization Phone

➤ **ORGANIZATION #2:**

Organization Name: \_\_\_\_\_  
 Include Branch / Chapter Name and Number

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip County

Signature: \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 Elected Chief Executive Officer Phone

➤ **ORGANIZATION #3:**

Organization Name: \_\_\_\_\_  
 Include Branch / Chapter Name and Number

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip County

Signature: \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 Elected Chief Executive Officer Phone