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: 360-486-3631
IN-STATE TOLL-FREE: 1-800-345-2529 / WEB SITE: 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: |___|___| / |___|___| / |___|___|___|___| |___|___|:|___|___| ☐ am / ☐ pm (Mark ☒ if ☐ Noon or ☐ Midnight)
Date (MM / DD / YYYY) Time

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

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: |___|___|___|___|___|

Signature:_______________________________ |___|___|___|-|___|___|___|-|___|___|___|___|
Elected Chief Executive Officer of Lead Organization Phone

- **ORGANIZATION #2:**

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

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

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

Signature:_______________________________ |___|___|___|-|___|___|___|-|___|___|___|___|
Elected Chief Executive Officer Phone

- **ORGANIZATION #3:**

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

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

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

Signature:_______________________________ |___|___|___|-|___|___|___|-|___|___|___|___|
Elected Chief Executive Officer Phone

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