



give them a reason to smile.

75 Executive Drive, Suite 327, Aurora, IL 60504  
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www.angelman.org imakeadifference@angelman.org

### FUNDRAISING AGREEMENT

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

The Angelman Syndrome Foundation ("ASF") is pleased that you have expressed interest in conducting a fund-raising event to support the purposes of ASF. This letter outlines our understanding in connection with hosting such an **event that is not sanctioned by ASF.**

1. You will host a fund-raising event on [date] in [location] in the nature of a [picnic, bake sale, etc.] for purposes of raising awareness about Angelman Syndrome and raising funds for ASF (the "Event").
2. Funds raised should be designated towards (check one)  
 **RESEARCH** The ASF is the largest private funder of Angelman-specific research grants. All areas of innovative and cutting-edge basic science research and clinical trials are funded by the ASF.  
 **WHERE NEEDED MOST** This supports every aspect of the life and mission of the Angelman Syndrome Foundation.  
 **CONFERENCES and SCIENTIFIC SYMPOSIA** The ASF provides the scientific community and Angelman Families the opportunities to gather for our scientific and research-based symposia and educational conferences.
3. The ASF office will be happy to fill requests for brochures to be used for your event to raise awareness of Angelman Syndrome.
4. Donations received by the ASF office will be acknowledged, with proper documentation (backup copies/receipts)
5. You are solely responsible for complying with national, state, county, and local laws and ordinances regarding your event. If you fail to comply with such laws, you hold ASF, its officers, directors, staff and agents harmless from any and all claims and damages arising from such failure to comply.
6. Any and all details regarding your event (pre, during and post) are your sole responsibility. **This event is not sponsored or endorsed by ASF, and ASF disclaims any responsibility or liability associated with this event.** You hereby hold ASF, its officers, directors, staff and agents harmless from any and all claims and damages that may arise in connection with this event.

Sincerely,

Kitty Murphy, Special Events Coordinator

I have read, understand, and agree to the terms and conditions set forth in this letter.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- o Email a scanned copy of your *signed* agreement to [kmurphy@angelman.org](mailto:kmurphy@angelman.org)
- o Fax your *signed* agreement to (630) 978-7408
- o Send your *signed* agreement to The Angelman Syndrome Foundation at 75 Executive Drive, Suite 327, Aurora, IL 60504