

75 Executive Drive, Suite 327, Aurora, IL 60504

Phone: 630-978-4245 Fax: 630-978-7408 www.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 to raise funds for the 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.

\_\_\_\_\_  **AS CLINICS** We currently have over 8 clinics here in the US and 4 globally serving over 1,000 angels per year with comprehensive medical support.

\_\_\_\_\_  **FAMILY SUPPORT** Our mission is to support families on their journey no matter what the need is.  Through communication series, The ASF Family Fund and Family Conference our goal is to support families at all times.

\_\_\_\_\_  **WHERE NEEDED MOST** This supports every aspect of the life and mission of the Angelman Syndrome Foundation.

1. The ASF office will be happy to fill requests for brochures to be used for your event to raise awareness of Angelman Syndrome.
2. Donations received by the ASF office will be acknowledged, with proper documentation (backup copies/receipts)
3. 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 the ASF, its officers, directors, staff and agents harmless from any and all claims and damages arising from such failure to comply.
4. Any and all details regarding your event (pre, during and post) are your responsibility. This event is not directly sponsored by the ASF, and the ASF disclaims any responsibility or liability associated with this event. You hereby hold the 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

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