Grassroots Fundraisers Get it!
You understand the importance of the ASF vision & mission to improve lives, create awareness and treatment through research, education advocacy and support!
We LOVE you for it!!
Thank you for expressing interest in fundraising for the ASF! You’re about to make a *Real Impact* for Good!

This packet has some helpful information. All of it is worth reading, however, the most important thing is the Fundraising Agreement on Page 5. I need this in my hot little hands, so I can assist you and help make your efforts *Fruitful, Fufilling & FUN.* (aka, the Triple E-Ffect!)

*Kitty Murphy*
*Special Events Coordinator*

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**Let’s Make YOUR Event “Official-Like”**

- Complete the *Fundraising Event Agreement* & send it in before you do ANYTHING!
- It is meant to protect you
- It is meant to protect us
- It is ‘The Law!’ -- ☺
Once Your Agreement is Received, Expect GREAT Things!

Kitty Murphy, Special Events Coordinator will:

- Contact you
- Make YOUR fundraiser ASF Official-like!
- Send you brochures, sponsor forms and other things that might be helpful
- Work with staff team and PR Team to help give your event a social media boost
- Brainstorm ways to kick it up a notch and make your efforts shine!

Soo excited to hear your creative ideas!

Okay! Time for YOU to Take Some Notes!

- We have a reputation to uphold. You are responsible for all permits, insurance, and other necessary requirements for your event. Check with city, state, and country for regulations.

- Funds received are tax-deductible (if you do the right thing!)
  
  o 100% of the proceeds must be forwarded to the ASF and back up documentation (copies) of donations received is required for tax-receipt purposes.
  
  o All cash needs to be turned into a cashier’s or bank check. Don’t send cash, silly! People like to steal that stuff.

- Use Donation-In-Kind Form (in this packet) for any non-cash items given for your event. For example – Local business gives food, or raffle prizes, or other useful things to make your event more special. Goodwill from local businesses is such an awesome partnership!

Okay Everybody, Let the Festivities Begin!
Wait!! A Few More Things to Consider:

- There’s free money for the asking! Don’t be shy! You are passionate about your cause, and local, influential people will hear your passion & may want to put their business name behind your efforts! A general sponsorship form is included in this packet.
- Distribute ASF information brochures (We got ’em! Just ask!)
- Create a Flyer and distribute it locally
- Create a Facebook Event – Share it with everyone (including the ASF)
- Want to use our logo?? Great!!! Contact Kitty Murphy at kmurphy@angelman.org or 630-978-4245. Using the logo makes your event professional-like ☺️ Before distribution, you just need to run the final copy past us for final approval (another legal thing that protects us all)
- If it’s going to be a “Really Big Show!” – contact local media! They LOVE a good community event!

Get creative with your event promotion!
Take time to properly spread the word and you'll be amazed at how it turns out!

- Do not deposit any funds collected for ASF into your own bank account, as this will be considered personal taxable income. Turn it into a cashier’s check, or set up a separate, temporary bank account with the same name as your event.
- Keep impeccable records of all money that goes in this account!!
- Complete the donation form FOR ALL DONATIONS RECEIVED! If it’s cash, mark ‘cash’ on the form.
- Fill one form out for each and every donation – whether it is via cash, check or charge.
- Since you have a completed donation form, it is okay to combine all the cash into one cashier’s check before sending it in. Remember do not send cash!

ALL donations, along with a brief description of your event, should be mailed to:

Angelman Syndrome Foundation
75 Executive Drive, Suite 327
Aurora, IL 60504

Notice & Disclaimer Regarding ASF Fundraising
The Angelman Syndrome Foundation (ASF) is a non-profit organization of families, caregivers and professionals who care about those with Angelman Syndrome. ASF reserves the right to deny permission to raise funds for or on behalf of ASF for any lawful reason and refuses to accept responsibility for any funds or fundraising efforts in violation of this policy
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,

Eileen Braun, Executive Director

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
General Donation Form

Event Name: ___________________________ Date: __________________ Event Host: ___________________________

Donor Name: _____________________________________________________________________________________________________

Address: ____________________________________________________

Street
City
State
Zip

Phone: (_____) ___________________________ Email: ________________________________________________

Please mail your donation, along with this form to:
Angelman Syndrome Foundation
75 Executive Drive, Suite 327
Aurora, IL 60504

DONATION AMOUNT: $_________________

Check # ______  O R  Credit Card: □ Visa  □ MasterCard  □ Amex  □ Discover

Name on card: ___________________________ Signature: ___________________________

Card Number: ___________________________ Expiration: ___________ Security Code: _______

To donate online, please visit www.angelman.org - Thank you for your generous donation.
### Donation In-Kind Form (ASF Copy)

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Become an Event Sponsor!

Angelman Syndrome …,
- A rare neurogenetic disorder often misdiagnosed as autism or cerebral palsy
- Symptoms include life-threatening seizures, significant developmental delay, lack of speech, and walking/balance disorders
- Individuals are known for their frequent laughter, excitability, generally happy demeanor, and ever present smile
- Need constant, life-long care
- Want to learn more? Visit www.angelman.org

UPCOMING EVENT: _______________________________________________________

- Presenting Sponsor- $5,000!
  - Your company name & logo listed as presenting sponsor on all event ads
  - Corp logo on all event ad & promotional items
  - Sponsor rep. to address participants during event
  - Banner & info table at event
  - Recognition at awards event
  - Three National Facebook/Twitter shout-outs
  - Your corporate logo displayed on ASF website and linked to your website.
  - 6 free tickets to event (if applicable)

- Platinum Sponsor -- $3,000!
  - Your company logo listed as Platinum Sponsor on all event ads
  - Corporate logo on all event ad & promotional items
  - Banner & info table at event
  - Recognition at awards event
  - Two National Facebook/Twitter shout-outs
  - Your corporate logo displayed on ASF website and linked to your website
  - 4 free tickets to event (if applicable)

- Gold Sponsor -- $1000!
  - Corporate logo on all event advertising & promotional items
  - Banner & info table at event
  - One National Facebook/Twitter shout-out
  - Your corporate logo displayed on ASF website
  - 2 free tickets to event (if applicable)

- Silver Sponsor -- $500!
  - Your company name listed on all event ads
  - Your company name listed ASF website
  - 1 free ticket to event (if applicable)

We appreciate your help making this event a major success for our angels! Please email completed form to kmurphy@angelman.org, or send via mail to Angelman Syndrome Foundation, 75 Executive Drive, Suite #327, Aurora, IL 60504. Any questions, please call Kitty Murphy, Special Events Coordinator at 800-432-6435.

We will be happy to be a sponsor: ____ Presenting ___Platinum ___Gold ___Silver

Name:_____________________________________Phone ________________________
Company: ____________________________________________________________________
MC/VISA ____________________________ Exp. Date _________________
Donation Amount $______________ Check # (if applicable) _______________