NAF Fundraising Guidelines

Thank you for your interest in raising funds to help support the important work of the National Ataxia Foundation. We truly appreciate your interest and have developed the following fundraising guidelines to help you raise funds to support NAF’s mission to cure Ataxia. Please do not hesitate to contact NAF regarding any questions you may have about your fundraising idea.

1. The first step in conducting an NAF fundraiser is to complete and return the NAF Fundraising Application. Your application will be carefully reviewed and you will be contacted regarding your fundraiser.

2. Fundraising events or activities in which funds raised cannot be officially tracked by NAF cannot be approved as an official NAF fundraiser. These events can still be conducted in support of NAF and are truly appreciated. (Examples: Garage Sales, Book Sales, Bake Sales, etc.)

3. Once your fundraiser has been approved, begin planning your event and assign others with various tasks for the planning, marketing, fundraising, and implementation of your event.

4. In promoting your event, all promotional materials regarding your event (electronic and print) must state: "All proceeds to benefit the National Ataxia Foundation."

5. Any and all materials and/or written correspondence that use the name of the National Ataxia Foundation must receive prior written approval from NAF.

6. Depending upon the location of the event and the type of event being conducted may require liability insurance. If insurance is required, please contact NAF and we may be able to help you in securing insurance for the event.

7. Events must be accessible to all attendees.

8. If you are considering conducting a charitable gambling activity such as bingo, pull tabs, casino night, and the alike, you must first contact your local government for ordinances relating to charitable gambling activities as well as the appropriate state agency. Each state has their own rules and regulations in conducting charitable gambling as well as state agencies who oversee gambling of any type. You must comply will all state laws in the conduct of charitable gambling.

9. All checks for your event must be made payable to the National Ataxia Foundation and must be sent to the national office within 30 days of the event.

10. NAF only reimburses for expenses deemed necessary to hold the event such as facility rental, insurance required, signage, etc. It is required to get approval of all expenses that you are planning to request reimbursement for prior to your event. Additional expenses may be approved if an event registration fee is being charged. In that case approved reimbursement of expenses will not exceed projected funds raised from registration fees collected. Obtaining sponsors is recommended to cover expenses that do not qualify for reimbursement. Spending money out-of-pocket for event expenses is not recommended.
NAF Fundraising Application Form

Today’s Date: ________________

Organizer’s Name(s):

___________________________________________________________________________

Address:  ___________________________________________________________________

City: ______________________State: ____________Zip: ____________________________

Telephone: _______________________ Fax: ______________________________________

E-mail:_______________________________________________________

Are you an affiliate of an NAF Support Group or Chapter?

______________________________________________________________________________

Name of Fundraiser:

______________________________________________________________________________

Does your fundraiser have a website?

______________________________________________________________________________

Date of Fundraiser ______________________Start & End Time _____________________________

Location & Address of Fundraiser:

______________________________________________________________________________

Please describe the Fundraiser:

______________________________________________________________________________

______________________________________________________________________________

Please list your event how you would like NAF to post on NAF’s event calendars.

______________________________________________________________________________

______________________________________________________________________________

Is your Fundraiser in honor or memory of someone?

______________________________________________________________________________
Your Dollar Goal $_______________

Number of Local Volunteers Needed: _____________________________________________

How will you promote this Fundraiser: (See page 4 of Fundraising Kit for ideas)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Will insurance, permits or licenses be required for Fundraiser and status of application(s):
________________________________________________________________________
________________________________________________________________________

Do you agree to submit an accounting report of this fundraiser to NAF? (An Income & Expense sheet is provided for you to use as an example)

________________________________________________________________________

Please list any information materials or awareness items that you would like from NAF for your event such as brochures, banners, or sales items.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Any additional comments on Fundraiser
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
THE UNDERSIGNED AGREES THAT IF THIS FUNDRAISER IS APPROVED BY THE NATIONAL OFFICE ALL PROCEEDS WILL BE SUBMITTED TO NAF WITHIN 30 DAYS OF THE EVENT ALONG WITH A FULL ACCOUNTING OF THE FUND RAISER. FURTHERMORE, NAF SHALL NOT BE HELD LIABLE FOR ANY FINANCIAL LOSS AS A RESULT OF THE FUNDRAISER NOR WILL ANY LIABILITY OF ANY KIND BE CLAIMED AGAINST NAF. Events or activities in which funds raised cannot be officially tracked by NAF cannot be approved as an official NAF fundraiser.

________________________________ ______________________
Signature of Fundraising Chair/Organizer Date

Please return to:
National Ataxia Foundation
600 Hwy 169 S, Suite 1725
Minneapolis, MN 55426
Telephone: (763)553-0020
Fax: (763)553-0167
E-mail: naf@ataxia.org
National Ataxia Foundation  
Fundraising Project Income and Expense Sheet

Contact Person: _______________________________________________________________
Address:  
_____________________________________________________________________________  
_____________________________________________________________________________
Telephone: ________________________ _ Fax: ________________________________
E-mail: ________________________________

Name of Fundraising Project: ___________________________________________________

**Income**  
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<th>Item(s)</th>
<th>Dollar Amount</th>
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Total: $ _______________________

**Expense**  
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Total: $ _______________________


Net Profit

Income: $_________________

-(Minus) Expenses: $__________________

Net Profit: $__________________

Dollar Amount Donated to NAF: $_______________

The above financial statement is true, accurate, and complete to the best of my knowledge.

_________________________  ________________
Signature of Contact Person        Date

Please return to:
National Ataxia Foundation
600 Hwy 169 S, Suite 1725
Minneapolis, MN 55426
Telephone: (763)553-0020
Fax: (763)553-0167
E-mail: naf@ataxia.org