



## NAF Fund Raising 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 fund raising guidelines to help you raise funds in support of important programs and services for ataxia families. Please do not hesitate to contact NAF regarding any questions you may have about your fund raising idea.**

1. The first step in conducting an NAF fund raiser is to complete and return the NAF Fund Raising Application. Your application will be carefully reviewed and you will be contacted regarding your fund raiser.
2. Once your fund raiser has been approved, begin planning your event and assign others with various tasks for the planning, marketing, fund raising, and implementation of your event.
3. In promoting your event, all promotional materials regarding your event (electronic and print) must state: "All proceeds to benefit the National Ataxia Foundation."
4. Any and all materials and/or written correspondence that use the name of the National Ataxia Foundation must receive prior written approval from NAF.
5. 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.
6. Events must be accessible to all attendees.
7. If you are considering conducting a charitable gambling activity such as bingo, pull tabs, casino night, and 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.
8. 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.
9. 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 in not recommended.

# NAF Fund Raising 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 Fund Raiser:

\_\_\_\_\_

Please describe the fund raiser:

\_\_\_\_\_

\_\_\_\_\_

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?

\_\_\_\_\_

Funds raised from your fundraiser will be used to help support NAF's mission. You may, however, designate to a specific program area:

- Annual Membership Meeting (AMM) – supports current and future AMMs
- General Ataxia Research – supports NAF's research efforts
- General/Operating Support – supports current NAF programs and operations

Your Dollar Goal \$ \_\_\_\_\_

Number of Local Volunteers Needed: \_\_\_\_\_

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

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

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

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

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Any additional comments on Fund Raiser

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THE UNDERSIGNED AGREES THAT IF THIS FUND RAISER 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 FUND RAISER NOR WILL ANY LIABILITY OF ANY KIND BE CLAIMED AGAINST NAF.

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Signature of Fundraising Chair/Organizer

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Date

Please return to:

National Ataxia Foundation,  
2600 Fernbrook Lane, Suite 119,  
Minneapolis, MN 55447  
Telephone: (763)553-0020  
Fax: (763)553-0167  
E-mail: [naf@ataxia.org](mailto:naf@ataxia.org)

## National Ataxia Foundation

### Fund Raising Project Income and Expense Sheet

Contact Person: \_\_\_\_\_

Address:

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of Fund Raising Project: \_\_\_\_\_

### Income

Item(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dollar Amount

\$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total: \$ \_\_\_\_\_

### Expense

Item(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dollar Amount

\$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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  
2600 Fernbrook Lane Suite 119  
Minneapolis, MN 55447  
Telephone: (763)553-0020' Fax: (763)553-0167  
E-mail: [naf@ataxia.org](mailto:naf@ataxia.org)