

# National Ataxia Foundation Fund Raising Application Form

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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

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

B. Name of specific project:

\_\_\_\_\_

C. Please describe the fund raiser:

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

D. Dollar Goal:                    \$ \_\_\_\_\_

E. Number of Volunteers Needed: \_\_\_\_\_

F. Number of Volunteer Committed to Fund Raiser: \_\_\_\_\_

G. Date, Time, and Location of Fund Raiser:

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

H. What avenues will be used to promote Fund Raiser:

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

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J. Will a full accounting of Fund Raiser be submitted to NAF? \_\_\_\_\_

K. 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 IN A PROMPT MANNER, 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.

\_\_\_\_\_  
Signature of Fund Raising Chair

\_\_\_\_\_  
Date

**NAF Review**

Date Received: \_\_\_\_\_

Status of Review: \_\_\_\_\_

Status of Application:    R            A            D

Date Status sent to Applicant: \_\_\_\_\_

Notations:

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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)

