

National Ataxia Foundation

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?

Do you intend the funds raised from your fundraiser to be designated to a specific type of ataxia for research or to be designated to be used where needed most?

Dollar Goal \$ _____

Number of Volunteers Needed: _____

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

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

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)

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 Fund Raiser

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 Organizer or Legal Guardian Date

Please return form to:

National Ataxia Foundation
2600 Fernbrook Lane N, Ste 119
Minneapolis, MN 55447-4752
Telephone: 763-553-0020
Fax: 763-553-0167
Email: 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: _____

Amount Donated to NAF: _____

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

Signature of Contact Person or Legal Guardian

Date

Please return form to:

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Minneapolis, MN 55447-4752
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Fax: 763-553-0167
Email: naf@ataxia.org