



APFED

American Partnership for Eosinophilic Disorders

P.O. Box 29545

Atlanta, GA 30359

713-493-7749

Fundraising Registration Packet

Thank you for downloading our Fundraising Registration Packet. We are delighted you are interested in raising money to support Research, Awareness, and Education of Eosinophilic Disorders.

American Partnership for Eosinophilic Disorders (APFED) is a volunteer based 501 (c)3 non-profit organization dedicated to patients and their families coping with eosinophilic disorders. APFED strives to expand education, create awareness, and support research while promoting advocacy among its members.

All funds raised support APFED's mission of Education, Awareness and Research.

Enclosed you will find APFED's Fundraiser Registration Form, Fundraiser Budget, Fundraisers Agreement, Proceeds Submission Form and Reimbursement Form.

Please carefully read the terms and conditions on the Fundraisers Agreement. If you accept, please return the Fundraising Registration and Fundraiser Budget forms to APFED's Fundraising Coordinator for approval of your Fundraiser.

APFED's Fundraising Coordinator will notify you via email if your event has been approved. APFED does not approve or consent to your planned fundraiser until you have received confirmation. Additionally, all requests must be submitted at least 60 days prior to the event date. This is so that APFED can check to ensure all necessary registrations and/or protections are in place for your event.

Please return completed forms either via email to fundraise@apfed.org

Or via mail to: Julie Springer
413 Lancelot Trail
McDonough, GA 30252

Please direct any questions you have to Julie Springer, APFED National Fundraising Coordinator, at julie@apfed.org or 407-340-2412.



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Fundraiser Registration Form

Chairperson Contact Information

Name of the Chairperson _____

Address _____

Phone _____ Mobile _____ Email _____

Fundraiser Details

Name of Fundraiser _____

Event Type (Please check) One Time On-Going Annual

Description of Fundraiser _____

Date of Fundraiser _____ Start and Ending Times _____

Expected Number of Attendees _____

Venue/Location Details

Name of Venue _____

Address _____

County _____

Venue Contact _____ Phone _____

Has the Venue requested Liability Insurance? Yes No

Acknowledgement of APFED's Fundraiser Agreement

Please sign below to acknowledge receipt and agreement to the terms and conditions set forth in the attached Fundraiser Agreement.

Signature _____ Date _____

Name (printed clearly) _____



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Fundraiser Budget

Chairperson Name
Type of Fundraiser
Date

All Fundraiser Registrations must be accompanied by a Fundraiser Budget. Please complete this form to the best of your ability.

It is understood that expenses can change as the event is planned, however all changes MUST BE submitted to the Fundraising Coordinator for approval.

APFED will not reimburse any expenses for your event, without prior knowledge and approval of those expenditures.

Projected Income: Please list all avenues of income below

Income listing table with columns for description, amount, and total income.

Projected Expenses: Please list all expected expenses

Expense listing table with columns for description, amount, and total expenses.



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Fundraisers Agreement

Please review the terms and conditions of fundraising for APFED listed below.

Please retain this document for your reference while coordinating your Fundraiser .

The Acknowledgement of APFED's Fundraiser Agreement must be signed on the Registration Form in order for any Fundraiser to be approved.

Definitions:

The term "Fundraising Coordinator" refers to the National Fundraising Coordinator, appointed by the APFED Executive Board to oversee fundraising for APFED.

The term "Chairperson" refers to the person signing this agreement who will oversee the Fundraising Event.

The term "Donations" refers to the donation of tangible items, such as prizes, gift baskets, silent auction items, gift cards, etc.

The term "Sponsorships" refers to requests of any business or organization for monetary support of the Event.

- The Fundraiser Registration Form, and Fundraiser Budget must be submitted to the Fundraising Coordinator.
- The Fundraiser must be approved by the Fundraising Coordinator and/or the APFED Executive Board. You will receive an email confirmation that your event has been approved.

NOTE: Fundraisers will NOT BE APPROVED less than 60 days from the planned event date.

Once the Fundraiser has been approved by APFED:

- The Fundraising Coordinator will contact the Chairperson to review the estimated budget and discuss a planning strategy.
- All Donation request letters will be provided by the Fundraising Coordinator.
- Chairperson will not compose or distribute any donation request materials, flyers, pledge forms, or any other materials, with or without APFED's name and/or logo, pertaining to the event that have not been provided and/or approved first by the Fundraising Coordinator.
- All information pertaining to local permits and/or venue contracts, as well as event insurance will be forwarded to the Fundraising Coordinator for completion and signatures. Chairperson does not have the permission to sign any documents on behalf of APFED.
- Chairperson is free to contact any local businesses for donations. The Chairperson is required to advise the Fundraising Coordinator of all companies contacted for donations. All requests for Sponsorships must be submitted to and will be handled by the Fundraising Coordinator.
- Any requests for "matching funds" must be completed and submitted by the Fundraising Coordinator.
- All expenses incurred by the Chairperson must first have been approved by the Fundraising Coordinator and documented by receipts. Any reimbursements requested must be submitted, accompanied by the original receipts, to APFED. APFED will not reimburse Chairperson for any expenses that were not first approved by the Fundraising Coordinator and/or APFED Executive Board.
- Chairperson should keep a detailed list of donations received, including company name, donor name, address and phone number, so that Thank You letters can be sent.
- Any/all requests for receipts of donations must be submitted to APFED.
- Proceeds from Fundraiser must be submitted, along with Proceeds Submission form within 10 days of the conclusion of the event. Request for Reimbursement must accompany the Proceeds Submission Form. Contact APFED's National Fundraising Coordinator for a UPS shipping label to submit proceeds.

DISCLAIMER:

If it appears to APFED that the Chairperson of the Fundraiser has failed to abide to any of the terms and conditions listed above, APFED reserves the right to withdraw its approval for the Fundraiser.



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Fundraiser Proceeds Submission Form

Thank you for hosting a fundraiser to benefit APFED!

- Please complete the form below and include it with the your submission of the proceeds .
Keep a copy of this form for your records.
Contact APFED's National Fundraising Coordinator to arrange to have a Fed Ex shipping label sent to you in order to submit the proceeds.
Please DO NOT SEND CASH.

If you are seeking reimbursement for expenses, the Reimbursement Form must be attached to the Proceeds Submission Form and include all original receipts.

Chairperson Name
Address
Type of Fundraiser
Date Fundraiser was held
Amount raised \$
Number of Attendees
Have you included Receipts for Reimbursement? Yes NO
Amount Requested? \$

For Office Use Only

Date Proceeds Received Verified by
Net Profit of Event
Request for Reimbursement Reviewed and Submitted



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Reimbursement Request Form

- Please complete this form and submit it with the Fundraiser Proceeds Form if you are requesting reimbursement for expenses incurred for this event.
- Please keep a copy of this form, as well as a copy of all receipts, for your records.

NOTE: All requests for reimbursement must have been approved prior to the expenditure by the National Fundraising Coordinator and must be accompanied by original receipts.

Chairperson Name _____ Address _____ _____ Amount raised \$ _____ Total of Reimbursement requested \$ _____
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EXPENSES:

Vendor	Purpose	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For Office Use Only
 Request for Reimbursement Received _____
 Approved by _____
 Reimbursement Sent _____