

FUNDRAISING GUIDELINES



Return completed form to 325 S. University Rd Suite 202 Spokane Valley, WA 99206
info@elevationsspokane.org 509-385-2116

Thank you for your interest in making Elevations: A Children's Therapy Resource Foundation (Elevations) the beneficiary of your fundraising efforts. Each year many volunteers raise awareness and make significant financial contributions to Elevations through activities such as yours.

To help ensure that volunteer fundraising events are enjoyable, successful, make best use of limited Elevations resources, and are coordinated with our other activities, we ask that you submit a proposal well in advance of the proposed event for approval by Elevations.

Prior to completing the attached fundraising proposal, please review the following guidelines. Proposals may be returned to us by mail or email. We will make every effort to respond to your proposal promptly. If you have any questions, feel free to call Mary Anne Ruddis, 509-385-2116. We deeply appreciate the efforts of all of our volunteer fundraisers and thank you again for your interest! ***Please allow at least two weeks' notice for all events.***

Please return your completed proposal to Elevations 325 S University Rd. Ste. 202 Spokane Valley, WA 99206 or email info@elevationsspokane.org

1. All fundraising activities must be approved by Elevations in advance. Please include the following disclaimer on all materials: *Elevations name is used with its permission, which in no way constitutes an endorsement, express or implied, of any product, service, company, individual or political position.*
2. Within 10 days after any promotional event, you will report the donations to Elevations, and provide a date that donations will be disbursed. *Donations must be disbursed no later than 60 days after the end of any promotional event.*
3. For confidentiality reasons, Elevations cannot release donor or volunteer lists to an individual, company, group or organization. In addition, Elevations does not sell goods or services to our donors/volunteers from outside organizations.
4. Elevations cannot be liable for any expenses incurred by an individual or any organization involved in fundraising on its behalf.
5. You shall indemnify, defend and hold Elevations, including its board of directors,

officers, employees and volunteers, harmless from and against any and all suits, claims, demands, liabilities, damages, costs and expenses (including reasonable attorney's fees) arising out of or relating in any way to your business and the activities authorized hereunder.

6. Elevations will not underwrite any fundraising activities.
7. Press releases, public service announcements, advertisements and printed materials (posters, brochures, flyers, tickets, invitations, etc.) are the responsibility of the individual/organization coordinating the fundraising activity. All publicity printed or otherwise, must be approved by Elevations prior to their production, distribution and/or release.
8. Elevation's fundraising policy prohibits the use of telephone solicitation for contributions from the general public.
9. Washington law requires special licensing to conduct a raffle. If you or your organization would like to conduct a raffle, individuals and/or organizations must obtain a raffle license from the State of Washington.
10. In accordance with IRS regulations, the individual or organization conducting the fundraiser is responsible for disclosing to donors the exact dollar amount or percentage of their gift which will benefit Elevations.
11. You agree that any tax benefit accrues to the original donor (when applicable) and not you as a third-party conveyor of any donation.
12. It is reasonable and customary for donors to receive an acknowledgement for their donations, and you will either provide each donor written documentation acknowledging the contribution, or provide individual donor and donation information (including name, address and amount of contribution) to Elevations when you disburse the donations, for the purpose of acknowledgement.
13. Volunteers associated with an outside supporter should avoid any conflict between their personal interest and the interest of Elevations.
14. Insurance (if applicable) for any fundraising activity to benefit Elevations is the responsibility of the organizing party and must be submitted with proposal for approval.

Elevations is sincerely grateful for your efforts. Every fundraiser is important to us. We will send a member of our team to be present at your promotion, event, and fundraiser or check presentation when possible. It is your responsibility to contact Elevations and provide all details at least two weeks in advance. In addition, Elevations will use reasonable efforts to include information about the promotion, event, and fundraiser or check presentation in our communications with the public.



THIRD PARTY FUNDRAISING FORM

elevations

a children's therapy resource foundation

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FUNDRAISING PROPOSAL

Project Chair:		
Organization:		
Address:		
City:	State:	Zip:
Day Phone:	Email:	

Title and description of proposed event:

Facility and/or location where event will be held:

Date and time of event:

Ticket/Item price (if applicable): \$

Contact for tickets/sales items:

Phone:

Will insurance coverage be necessary for your event? **No** **Yes** *If yes, please attach proof of insurance.*

Are permits required? **No** **Yes.** *If yes, please explain:*

What percentage of gross income will be donated, or will 100% of the net income be donated?

Projected revenue:

Projected expenses:

Anticipated donation:

Please list any committed sponsors or prospective sponsors that you plan to approach for support. (Because the Elevations works with many local businesses, we may ask that you not approach certain companies or organizations)

How and when will your event be publicized? (Print, radio, TV, other)

What support will you need from Elevations for this event/project?

Please list at least one business reference we may contact:

Other comments or notes:

Name _____

Signature _____

Date _____

Elevations: _____ **(name:representative)**

Signature _____

Date _____

Guidelines Received _____ Please Initial Return pages 3-5

FOR OFFICE USE ONLY:	
Date Received:	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Approved:	Approved By: