

ALS United Rocky Mountain Fundraise Your Way Agreement

We are deeply honored when someone considers us and expresses a desire to contribute to our mission –

“To unite and empower the ALS community through a collaborative approach of providing comprehensive care and support to individuals and families affected by ALS, advancing national and state advocacy, and fostering bold research initiatives.”

We appreciate your enthusiasm for organizing a fundraising event to benefit ALS United Rocky Mountain and the ALS community. Your event will make a positive impact in the lives of hundreds of families living with ALS throughout Colorado, Utah, and Wyoming.

A few of the ways that we may support your event are -

- Web page for your event where you can have people join and donate online
- Placing your event information (*with clickable links*) in ALS United Rocky Mountain's E-Newsletter - received by over 18,000 subscribers
- Including your event on ALS United Rocky Mountain's website calendar (*with clickable links*) to gain support and participation
- Social Media postings on our social media platforms
- ALS banners, brochures, informational materials, and credit card processing (*online*)
- Donation receipts for participants of your events

ALS United Rocky Mountain characterizes a Fundraise Your Way Event as, *“any fundraising initiatives lead by an individual or group, where ALS United Rocky Mountain has no fiduciary responsibilities and little or no staff involvement.”* To officially endorse such events, ALS United Rocky Mountain requires that all Fundraise Your Way event organizers submit a completed Agreement before commencing any activities. Following the submission of this agreement, a staff member from ALS United Rocky Mountain will sign and return it. This agreement serves as a formal document outlining the respective roles and responsibilities of both your group and ALS United Rocky Mountain, ensuring a mutually satisfying experience for all involved parties.

Please send completed forms using one or more of the following –

- E-mail: events@alsaco.org
- Mail: 10855 Dover St, Ste. 500, Westminster, CO 80021

After the agreement is received, we will contact you to discuss your event, needs, or issues. Thank you again for your interest in helping our ALS community. If you have any questions, please e-mail our team at events@alsaco.org or call us at 303.832.2322.

Sincerely,

Suzanne Schrag, CEO
ALS United Rocky Mountain
(Formerly The ALS Association Rocky Mountain Chapter)



Serving Colorado, Utah
and Wyoming

OUR MISSION: To unite and empower the ALS community through a collaborative approach of providing comprehensive care and support to individuals and families affected by ALS, advancing national and state advocacy, and fostering bold research initiatives.

10855 Dover Street, Suite 500, Westminster CO 80021-5554
Phone 303.832.2322 · 866.ALS.3211 · FAX 303.832.3365 · www.alsrockymountain.org

ALS United Rocky Mountain
Fundraise Your Way Agreement

Event Details:

Name of event: _____

Date of event: _____

Time: _____

Venue/Address of event: _____

City: _____ ST: _____ Zip: _____

Estimated attendance: _____

Event is (circle one): OPEN TO THE PUBLIC or INVITATION ONLY

Does your event require people to buy tickets (*circle one*)? YES NO

Ticket pricing (if applicable): \$ _____

Additional Website/social media link(s): _____

Description of event: _____

How will the event be publicized? (flyer, press releases, advertising, etc.): _____

Budget/Finances:

Total projected revenue: \$ _____ Total projected expenses: \$ _____

Please list all sponsorship or in-kind donation prospects: _____

Do you intend to split the net proceeds with another beneficiary (*circle one*)? YES NO.

If YES, what % of proceeds will Rocky Mountain receive? (ALS United Rocky Mountain must receive a minimum of 50% of proceeds) _____ Who are the other beneficiaries? _____

The ALS Association Rocky Mountain Chapter

Please make note of any special requests **Please only request materials that you will use, as these materials cost the chapter money.*

Please post about my event on social media (Y/N) _____

Please put my event on the ALS website calendar (Y/N) _____

Based on availability, I would like a chapter representative at my event (Y/N) _____

Time to arrive: _____

Contact person for the day-of: _____

Phone number of contact person for the day-of event: _____

Thank you for your support for ALS United Rocky Mountain. Please sign below that you have filled out this form to the best of your knowledge and understand the application form. Please note: Tax deductions are only available to gifts made to ALS United Rocky Mountain. ALS United Rocky Mountain will not be able to provide discrete tax documents for individual gifts that are pooled and then forwarded to ALS United Rocky Mountain as one payment/check.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____
