THIRD PARTY FUNDRAISING PROPOSAL PACKAGE

Thank you for considering Autism Society of Southeastern Wisconsin (ASSEW) as a beneficiary of your fundraising activities. We appreciate your efforts to help make a difference in the lives of members of our community that have an autism spectrum disorder. Our special events team works to provide third party events with varying levels of support and can work with you individually to offer assistance as you plan and hold your fundraiser or project.

This packet contains the following:

1. A copy of the Third-Party Event Agreement for third party fundraising activities. Please review these guidelines and policies carefully.
2. A Third-Party Proposal Form. This form should be completed and returned to our ASSEW office at: Autism Society SE WI, 3720 N. 124th Street, Suite 0, Wauwatosa, WI, 53222.
3. A list of Frequently Asked Questions. It is designed to aid you in planning your event. Please review the FAQ before submitting your proposal.

As a final note, although ASSEW actively encourages third party fundraising events, we must approve all events in advance. This is an important safeguard in preserving the integrity of ASSEW and our commitment to donors.

We appreciate your interest in fundraising for ASSEW, and we look forward to working with you. Please call us with any questions you may have.

Sincerely,

Rechelle C. Chaffee
Fund Development & Marketing Director
414-988-1267 (Direct) / 414-801-1689 (Cell)
AGREEMENT AND GUIDELINES

ASSEW has created these guidelines for all special events proposed by external organizations, groups or individuals to raise funds for ASSEW. All special events must be approved by ASSEW before organizations, groups or individuals may announce, publicize, or stage an event. Due to confidentiality requirements, ASSEW cannot release member, donor, employee, physician, volunteer or other mailing lists for the purpose of solicitation of funds or participation in your event or project.

ASSEW reserves the right to approve only those events which represent ASSEW appropriately, forecast acceptable expense/revenue ratios, offer total net revenue or an appropriate allocation of net revenue. We reserve the right to review and request additional information before acting on a proposal. If circumstances warrant, ASSEW may choose to opt out as a beneficiary of an event or project at any time with no obligation.

PROCEDURES

A. ASSEW will be able to provide the following support to the sponsoring organization, group or individual:

- Logos
- Endorsement letter
- ASSEW informational materials
- Event posted on assew.org
  (for events that 75% or more of revenue benefits ASSEW)
- If your event raises more than $500 your event will be listed in our annual donor report

B. ASSEW WILL NOT be able to provide the following support:

- Liquor licenses
- Bank accounts or processing of expenses
- Press releases for events

C. The sponsoring organization, group, or individual will submit event proceeds to ASSEW within 60 days of the event, unless a member of the foundation staff previously approves a different date.

Special Note: ASSEW cannot assume any liability for an event conducted on its behalf.
USE OF LOGO AND/OR NAME

The logo and/or name of ASSEW may be used as part of an event ONLY AFTER APPROVAL HAS BEEN GRANTED by ASSEW.

The ASSEW name and logo cannot be used without written permission. With approval of use, a logo will be provided by ASSEW special events staff. When the name Autism Society of Southeastern Wisconsin is shown as the beneficiary of events sponsored by external organizations, groups or individuals, only the following wording is acceptable:

1. (Event name) benefitting Autism Society of Southeastern Wisconsin

ASSEW requests that the following rules are adhered to when using the ASSEW logo:

1. The logo can only appear in blue and red, or all black
2. The elements of the logo must remain the same and type and graphics cannot be added

______________________________________________________________

Agreement

I/we have read and understand all of the Third Party Event guidelines stated above and agree to comply with all rules as stated. Please print your name, sign and date this form and retain a photocopy for your records.

Name (Please Print): ________________________________________________

Signature: _________________________________________________________

Date: _____________________________________________________________

______________________________________________________________

Please complete Third Party Proposal Form in its entirety, sign and date the Third-Party Event Agreement and return to:

Rechelle Chaffee
Autism Society of Southeastern Wisconsin
3720 N. 124th Street, Suite O
Wauwatosa, WI 53222
rechelle@assew.org

If you have questions about the Third-Party Agreement, or the Third-Party Event Proposal form, please call (414) 801-1689 or (414) 988-1267.
THIRD PARTY EVENT PROPOSAL FORM

Proposed Event/Promotion: _____________________________________________________________

Date(s)/Time: __________________ Location: ______________________________________________

Sponsoring Organization, Business ________________________________________________________

Contact Person: _______________ Title: ___________________________________________________

Address: _____________________________________________________________________________

City, State, Zip: _______________________________________________________________________

Phone: _______________________________________________________________________________

Fax: _______________________ E-mail: __________________________________________________

Event Description: ______________________________________________________________________

Have you held a fundraiser for us before? ____________________ Yes  _____No__________________________

If YES, Please Describe __________________________________________________________________ 

_________________________________________________________________________________________

How will you raise money through this event? Please provide promotional details/or plan (can be attached) 

_____________________________________________________________________________________________

_____________________________________________________________________________________________

Estimated number of participants: ___________________________________________________________

How will you publicize this event? Please provide promotional details/or plan (can be attached) 

_________________________________________________________________________________________

_________________________________________________________________________________________

Fund-raising goal: _______________________________________________________________________

Is ASSEW the sole beneficiary of proceeds? _________ Yes __________ No 

If not, please explain: __________________________________________________________________

_________________________________________________________________________________________

Do you plan to seek gifts or donations or sponsorships from local businesses? ________ Yes ________ No 

If YES, please provide a list of potential businesses __________________________________________________

_________________________________________________________________________________________
Why did you choose to do a special event or promotion for ASSEW?

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
__________________________________________________________________________________________

Please complete Third Party Proposal Form in its entirety, sign and date the Third-Party Event Agreement and return to:

Rechelle Chaffee
Autism Society of Southeastern Wisconsin
3720 N. 124th Street, Suite 0
Wauwatosa, WI 53222
rechelle@assew.org

If you have questions about the Third-Party Agreement, or the Third-Party Event Proposal form, please call (414) 801-1689 or (414) 988-1267.