

Thank you for your interest in planning a fundraising event to benefit the Autism Society of Maine
Please fill out this form and return to ASM by mail, fax or email. Thank You!

PRIMARY CONTACT / COORDINATOR OF FUNDRAISING EVENT

NAME: _____

ADDRESS: _____

TOWN: _____

PHONE: _____

EMAIL: _____

EVENT INFORMATION

TITLE: _____

EVENT DATE: _____

LOCATION ADDRESS (if applicable) _____

CITY: _____ **STATE** _____ **ZIP** _____

ORGANIZATION NAME: _____

WEBSITE or (EVENT) SOCIAL MEDIA PAGE ADDRESS: _____

EVENT PROMOTION & LOGO USAGE:

The Autism Society of Maine reserves the right to approve the use of the Autism Society of Maine’s name and logo that will appear on promotional materials. Please submit this form and wait for approval.

We ask that event coordinators submit all promotional materials (including press releases, public service announcements, scripts, posters, videos, etc.) 4 weeks before use to review. **You must clearly specify the percentage of amount raised that will benefit ASM on all documents.** (For example: *All proceeds to benefit the Autism Society of Maine or 50% of proceeds to benefit the Autism Society of Maine.*)

Percentage of proceeds to benefit ASM will be:

Please send money order or checks payable to the Autism Society of Maine – within 30 days after the last day of the event. If there has been a pre-approved percentage for expenses, include receipts for compensation. Provide a list of all potential sponsorship and in-kind donations solicited by mail or in person to ASM. Please advise ASM of any changes to your event.

WHAT ASM CAN DO TO HELP:

- Provide a letter of support to be used to validate the authenticity of the event and its organizers.
- Provide autism related materials/information such as brochures and flyers.
- List on Calendar of **ASM’s website calendar of events** and **social media**.
- Provide an Autism Society of Maine representative to be present at the event.

The Autism Society of Maine at any time through any of its directors or administrators can direct you to cancel the event. You will hereby agree to cancel the event and further release the Autism Society of Maine from any and all connection to such action.

SIGNATURE: _____ **DATE** _____

ASM SIGNATURE: _____ **DATE** _____

A copy of this agreement will be sent to you.

PLEASE INCLUDE AN ATTACHED DESCRIPTION OF THE EVENT