

## **Independent Community Fundraising**

- 1 Autism Nova Scotia encourages fundraisers that are compatible with our mission and values. Autism Nova Scotia reserves the right to withhold the use of its name for any fundraiser it feels is not a fit for our organizations.
- 2 Each fundraising event must be approved by Autism Nova Scotia. Please fill out and submit the form on the next page at least 30 days prior to your fundraiser.
- 3 Any organization/group wishing to use Autism Nova Scotia's name or In Support of Logo on any materials, including advertising, must receive approval from Autism Nova Scotia. Please contact **Ciaran Roxburg**, Community Engagement Coordinator at **croxburgh@autismns.ca**
- 4 All promotional materials must state that this event/fundraiser is in support of Autism Nova Scotia and not an official Autism Nova Scotia event.
- 5 Taking commission, for any purpose, on funds raised as part of a third party fundraiser is strictly prohibited.
- 6 The organizer of the fundraiser is responsible for meeting all municipal/provincial or federal standards and fulfilling all legal authorizations, permits, licenses, precautions, and/or general liability insurance required. Autism Nova Scotia will not be held responsible for any liability coverage.
- 7 The event organizer will be responsible for all costs related to the event and will handle the monies until the official donation is submitted to Autism Nova Scotia. Event expenses are to be deducted before sending proceeds. If you are reporting back to a group of people, you must indicate how much was donated to the organization after expenses are deducted. The donation should be remitted to Autism Nova Scotia within 30 days of the event.
- 8 When tax receipts are requested, the organizers are responsible for collecting the names, address and contact information of all donors, and are required to mail the appropriate materials to Autism Nova Scotia within 30 days of the fundraiser. Please use the attached Pledge Sheet to record your donations.
- **9** Involvement of any Autism Nova Scotia staff and volunteers will be decided on at our discretion and will be based on availability, location and the nature of the fundraiser.

### **Independent Community Fundraising Ideas:**

A-thon (Bike-a-thon, Dance-a-thon) • Auctions • Bake Sale • Bingo • Car Wash Casual Days at Work • Concerts • Craft Show • Fitness Challenge • Garage Sale Murder Mystery • Paint Night • Tournaments (Pool, Bowling, Curling, Softball) Recycle Collection • Trivia Night • Raffle • 50/50 Draw



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Wine & Cheese, Live Auction, On-line Auction, Walk-a-Thon, etc):

Thank you for getting involved in fundraising for Autism Nova Scotia. Hosting an Independent Community Fundraising Event is a valuable way to help Autism Nova Scotia generate awareness across the province. This also helps us to increase our network and fundraising reach.

Please fill out the form below, to your best ability, to receive support and permission from Autism Nova Scotia that will help you reach your fundraising goals.

Contact Information							
Organizer's Name  Address		Company Nam	Company Name (if applicable)				
		City/Province			Postal Code		
Phone Alternat		nate Phone	ite Phone				
Event Information							
Type of Event: O Event	Activity	Promotion	O Sales	of items and	I/or Goods		
Event Name		Date of Ev	ent	Location	n of Event		

Event Details (please provide a brief description to let us know how you are raising money – eg: Company Casual Days,



Date(s) of Event		Starting On		Ending On		
Event Time(s)	Location			Expected Attendance		
How will your funds be raise						
Ticket Sales/Entry Fee	O Auction	Sponsorship OGe	eneral Donations	Raffle		
Merchandise/Sales of Go	oods On-Kind	Other				
Will another charity/non-pro	ofit organization also	o benefit from this eve	ent? O Yes	No		
Does the event require a lic	ense (raffle, 50/50)?	O Yes O No				
Is this event employee-drive	en or taking part as a	a workplace giving ca	mpaign? O Yes	O No		
Marketing & Promotion	IS					
How do you plan on promo	ting your event?					
Do you need a copy of our	In Support of Autis	sm Nova Scotia logo?	Yes No			
How will you be using this?						
*Please note you will need to h team members prior to any pri		g the In Support of Autis	m Nova Scotia logo a	pproved by one of our		
<b>Event Budget</b> Estimate	d Revenue:					
1. I have read, understand, and				ned by Autism Nova Scotia		
<ul><li>2. I understand that Autism No</li><li>3. I understand that Autism No</li></ul>				use of its name and logo		
in any event that does not m				ass s		
Signature:			Date:			
Thank you for your interest	in organizing an Ind	lependent Communit	y Fundraising Ever	nt 🔥		
to support Autism Nova Sco	otia.					

If you have any questions, please contact Ciaran Roxburgh at 902-446-4995 Please send along the completed form to Ciaran at croxburgh@autismns.ca



# Autism Nova Scotia Pledge Sheet

First & Last Name	
Address	
City	_
Province	Postal Code
Email	
Phone	
Please make all cheques payab Scotia. Credit card donations co	an be made online at:

#### Please note the following:

Receipts will be issued for \$20 or more prior to December 31, 2023, but only if the donor's name and address are clearly printed and complete.

Please do not include online pleages on this form.

First & Last Name/Company Name	Home Address	City	Province	Postal Code	Donation Type	Amount
1					Cash Cheque	\$
Email Receipt:  Yes  No Email Ad	ldress:					
2					Cash Cheque	\$
Email Receipt:  Yes  No Email Ad	ldress:					
3					Cash Cheque	\$
Email Receipt:  Yes  No Email Ad	ldress:					
4					Cash Cheque	\$
Email Receipt:  Yes  No Email Ad	ldress:					
5					Cash Cheque	\$
Email Receipt:  Yes  No Email Ad	ldress:					
6					Cash Cheque	\$
Email Receipt:  Yes  No Email Ad	ldress:					
7					☐ Cash☐ Cheque	\$
Email Receipt:  Yes  No Email Ad	ldress:					
8					Cash Cheque	\$
Email Receipt: Yes No Email Ad	ldress:					
9					Cash Cheque	\$
Email Receipt:  Yes No Email Ad	ldress:					
10					Cash Cheque	\$
Email Receipt:  Yes  No Email Ad	ldress:					