



## KCNT1 Epilepsy Foundation (KEF) Fundraising Guidelines

Thank you for expressing interest in conducting a fundraiser to raise money for the KCNT1 Epilepsy Foundation ("KEF"). We Love Volunteers! You're about to make a Real Impact for Good!

This packet has some helpful information. All of it is worth reading, however, the most important thing is you need to complete the Fundraising Agreement on the last page. We need this first so we can assist you and help make your efforts fun and official!

### Some Key Points

- It is important you understand the mission of the KCNT1 Epilepsy Foundation is to identify all the people affected by KCNT1 around the world and work to accelerate the development of treatments for them.
- When hosting a fundraiser, you are responsible for all permits, insurance, and other necessary requirements for your event. Check with city, state, and country for regulations. \_\_\_\_\_  
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### Getting Started

- Choose the type of event you want to host. See examples on the website.
- Create a fundraising page if it applies to your type of event. A form, or a peer-to-peer campaign page, or event. (Fees are highest for events)
- Ask us for help if you need a graphic for your social media
- We can help create brochures, sponsor forms and other things that might be helpful
- We can brainstorm ways to kick it up a notch and make your efforts shine!

### Important Points about Handling Donations

- The easiest way to handle donations is to leave it to us! Have them scan the QR code or Text to Donate and it will take them directly to our donation form.
- If you do collect money, do not deposit any funds collected for KCNT1 Epilepsy Foundation into your own bank account, as this will be considered *personal taxable income*. Save it up and turn it into a cashier's check, or set up a separate, temporary bank account with the same name as your event.
- Keep impeccable records of all money that goes in this account
- Complete the donation form FOR ALL DONATIONS RECEIVED! If it's cash, mark 'cash' on the form.
- All cash needs to be turned into a cashier's or bank check. Don't send cash
- Fill one form out for each and every donation – whether it is via cash, check or charge. Make a lot of copies! Or, remember you can direct people to our fundraising page, provide the QR code or 'Text to Donate' number and leave the processing to us!
- Since you have a completed donation form, it is okay to combine all the cash into one cashier's check before sending it in. Remember do not send cash!
- Funds received are tax-deductible (if you do the right thing!)

- 100% of the proceeds must be forwarded to the KEF and back up documentation (copies) of donations received is required for tax-receipt purposes.
- Use Donation-In-Kind Form (in this packet) for any non-cash items given for your event. For example – Local business gives food, or raffle prizes, or other useful things to make your event more special. Goodwill from local businesses is such an awesome partnership!
- ALL donations, along with a brief description of your event, should be mailed to KCNT1 Epilepsy Foundation PO Box 1069 Carefree, AZ 85377

### **A Few More Things to Consider**

- People are willing to support a good cause. You are passionate about your cause, and local, influential people will hear your passion and may want to put their business name behind your efforts and become a Sponsor! A sample Sponsorship form is included in this packet.
- Distribute KEF information brochures
- Create a Flyer and distribute it locally
- Want to use our logo? Contact [sarah@kcnt1epilepsy.org](mailto:sarah@kcnt1epilepsy.org)
- If you are using our logo you just need to run the final copy past us for final approval (another legal thing that protects us all)
- If it's going to be a "Really Big Show!" contact local media! They LOVE a good community event!

### **Notice & Disclaimer Regarding KEF Fundraising**

The KCNT1 Epilepsy Foundation is a non-profit organization of families, caregivers and professionals who care about those with KCNT1 epilepsy. KEF reserves the right to deny permission to raise funds for or on behalf of KEF for any lawful reason and refuses to accept responsibility for any funds or fundraising efforts in violation of this policy



## General Donation Form

Event Name: \_\_\_\_\_ Date: \_\_\_\_\_

Event Host Name: \_\_\_\_\_

Donor Name:

\_\_\_\_\_

Donor MailingAddress: \_\_\_\_\_

Phone(\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Amount: \_\_\_\_\_ We will email you a receipt.

Check one: I am the \_\_ (parent) \_\_ (caregiver) \_\_ (relative) \_\_ (friend) of someone with KCNT1 epilepsy.

If you wish to donate by check , please mail your donation, along with this form to: KCNT1 Slack Epilepsy Foundation 1069 Carefree AZ 85377

DONATION AMOUNT: \$ \_\_\_\_\_ Check # \_\_\_\_\_

To donate by card, please visit <https://kcnt1epilepsy.org> or scan the QR code and give from your phone!

New! If you have a Donor Advised Fund such as Vanguard or Fidelity you can donate online.



~ Thank you for your generous donation!



**Donation In-Kind Form (KCNT1 EPILEPSY FOUNDATION Copy)**

Business Name \_\_\_\_\_

Business Contact Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Business Contact Signature & Date \_\_\_\_\_

Donated Items (Include qty and description) \_\_\_\_\_

Retail Value \_\_\_\_\_

Volunteer Signature & Date: \_\_\_\_\_

Event Name & Location: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Volunteer Contact Information Name \_\_\_\_\_ Email \_\_\_\_\_ Phone: \_\_\_\_\_

Picked Up on or Delivered on \_\_\_\_\_

KCNT1 Epilepsy Foundation PO BOX 465, Contoocook NH 03229 <https://kcnt1epilepsy.org>

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**Donation In-Kind Form (Customer Copy)**

**Thank you for your donation to the KCNT1 Epilepsy Foundation EIN 84-2748218**

Business Name \_\_\_\_\_ Business Contact Name \_\_\_\_\_

Address \_\_\_\_\_

Business Contact Signature & Date \_\_\_\_\_

Donated Items (Include # and description) \_\_\_\_\_

Retail Value \_\_\_\_\_

Volunteer Signature & Date: \_\_\_\_\_

Event Name & Location: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Volunteer Contact Info: Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Picked Up or Date Delivered \_\_\_\_\_

KCNT1 Epilepsy Foundation PO Box 465, Contoocook NH 03229 <https://kcnt1epilepsy.org>



PO BOX 465 Contoocook NH 03229

Phone: (603) 746-1330 <https://kcnt1epilepsy.org>

## FUNDRAISING AGREEMENT

Host Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

The KCNT1 Epilepsy Foundation ("KEF") is pleased that you have expressed interest in conducting a fund-raising event to support the purposes of KEF. This letter outlines our understanding in connection with hosting such an event that is not sanctioned by KEF.

You will host a fund-raising event on [date \_\_\_\_\_] in [location \_\_\_\_\_] in the nature of a [picnic, bake sale, etc. \_\_\_\_\_] for purposes of raising awareness about KCNT1-related epilepsy and raising funds for KEF (the "Event").

The KEF office will be happy to fill requests for brochures to be used for your event to raise awareness of KCNT1-related epilepsy.

Donations received by the KEF office will be acknowledged, with proper documentation (backup copies/receipts).

You are solely responsible for complying with national, state, county, and local laws and ordinances regarding your event. You are responsible for all permits, insurance, and other necessary requirements for your event. If you fail to comply with such laws, you hold KEF, its officers, directors, staff and agents harmless from any and all claims and damages arising from such failure to comply.

Any and all details regarding your event (pre, during and post) are your sole responsibility. This event is not sponsored or endorsed by KEF, and KEF disclaims any responsibility or liability associated with this event. You hereby hold KEF, its officers, directors, staff and agents harmless from any and all claims and damages that may arise in connection with this event.

Sincerely,

Justin West, President, KCNT1 Slack Epilepsy Foundation

I have read, understand, and agree to the terms and conditions set forth in this letter.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email a scanned copy of your signed agreement to [sarah@kcnt1epilepsy.org](mailto:sarah@kcnt1epilepsy.org) or mail your signed agreement to The KCNT1 Epilepsy Foundation, PO Box 1069 Carefree AZ 85377