



EPILEPSY FOUNDATION

Michigan

25 | 52 PROJECT

25 workplace fundraisers in 52 weeks to benefit the Epilepsy Foundation of Michigan

Thank you for your interest in supporting the 25 | 52 Project! The goal of this project is to focus on creating epilepsy awareness and fundraising initiatives throughout Michigan, primarily in the workplace. Many employers have already taken great strides in creating fundraising programs such as Jeans Days, Casual Days, Chili Cook-offs, etc. Now we are calling the champions within the epilepsy community to rise up and ask that these great efforts get designated to the Epilepsy Foundation of Michigan. Our goal is in the name: 25 workplace fundraisers designated to the Epilepsy Foundation of Michigan scheduled in the 2017 calendar year.

What we are asking:

- Scheduled Workplace Fundraiser
- Completed 25 | 52 Project Form

What we can offer in return:

- Facebook post featuring your Company Name
- Event listed on our 25 | 52 Project Webpage,
- Epilepsy Foundation of Michigan literature and materials for you to display and distribute during your fundraiser, if desired.

For questions, please contact Andrea Schotthoefer at (800) 377-6226, ext. 1231. Please mail or email your completed 25 | 52 Project Fundraiser Form to the below address. Once it is received you will receive a call from a member of the Development Team.

Epilepsy Foundation of Michigan
Attn: Andrea Schotthoefer
25200 Telegraph Road, Suite 110
Southfield, MI 48033
E: aschott@epilepsymichigan.org F: (248) 351-2101

25 | 52 PROJECT

FUNDRAISER FORM

Date submitted:

Name of Individual/
Organization planning event:

Contact Person:

Phone Number:

Full Address:

Email:

25 | 52 Project INFORMATION

Event Date:

Please describe how revenue will be generated:

I would like to take advantage of the following value-added:

- Facebook post featuring your Company Name
- Event listed on our 25 | 52 Project Webpage,
- Epilepsy Foundation of Michigan literature and materials for you to display and distribute during your fundraiser, if desired.

Will you require Tax Receipts? Yes No

*If you checked YES then you will need to speak further with a representative of the Epilepsy Foundation of Michigan to ensure that your event is eligible to issue tax receipts.

I, _____ understand that the Epilepsy Foundation of Michigan reserves the right to approve or deny this proposition to host an event on behalf of the Epilepsy Foundation of Michigan. Pending approval, I agree that the Epilepsy Foundation of Michigan's name and logo are registered trademarks. I agree that a representative of the Epilepsy Foundation of Michigan must approve this proposal and the use of its name and/or logo prior to publicizing or holding the event. By publicly naming the Epilepsy Foundation of Michigan as the beneficiary of my event, I agree to donate the full amount of the proceeds raised within 60 days of the event date.

X

(Signature/Date)