

Family Project for FOD Awareness Agreement

If you choose to plan a project to raise awareness of FODs, please complete this form. **Please be sure to read/sign/date the Agreement at the bottom of this page. Either Mail to Deb Lee Gould at PO Box 54, Okemos, MI 48805-0054 or Fax: (866) 290-5206.**

Contact Name: _____

Phone: _____ Fax: _____ E-mail: _____

Project Name: (ie., Book Fair) _____

Describe Project: _____

Which Fund do you wish to support? General _____ Clinical _____ Research _____

Project Date: _____

Project Hours: _____ Project Location: _____

Projected Attendance: _____ Is the event open to the public? YES NO

Your Donation Goal: _____

Sponsors? : _____

●●● Please note that if you choose to plan your own creative project to help with FOD awareness, please **sign this Form and Agreement** and mail or fax to Deb. This agreement states that you understand that **the FOD Group is not sponsoring or soliciting funds for your project nor is it financially or legally responsible for your project ~ and that only YOU would get the tax deduction and donation receipt** when **YOU mail a check to Deb made out to the FOD Group at the end of your event.** PLEASE make it known to whomever may 'donate' toward your project that they will **NOT** receive a tax deduction or a receipt from the FOD Group for their participation. All checks should be made out to YOU, and then YOU will mail Deb a single check made out to the FOD Group. Write your project name in the memo. ●●●

Your signature: _____ Date: _____

Address: _____

FOR FOD Group USE ONLY: The above member understands that this is a personal FOD project and not an FOD Group sponsored/solicited project. Only the member will receive the tax-deduction. THANK YOU for helping to create awareness of FODs! Your individual donation is tax-deductible.

FOD Director Signature: _____ Date: _____