



## Cornelia de Lange Syndrome Foundation, Inc.

302 West Main Street, #100  
Avon, CT 06001

### Third-Party Major Fundraising Event Guidelines

Thank you for your interest in raising funds for the Cornelia de Lange Syndrome (CdLS-USA) Foundation. We are grateful to have you support our mission to Reach Out, Provide Help and Give Hope to all people affected by CdLS.

The CdLS-USA Foundation Board of Directors has developed the following guidelines for third parties (individuals or organizations other than paid CdLS-USA Foundation staff) intending to sponsor a fundraising event to benefit the Foundation.

- The CdLS-USA Board of Directors respectfully requests all individuals or organizations wishing to host a fundraising event to benefit the CdLS-USA Foundation complete a Third-Party Fundraising Event Proposal (see reverse) prior to the event.
- The Foundation will notify the applicant of the proposal's status within 10 business days of receipt.
- The Board requests that all proceeds and a final income/expense report be submitted to the Foundation office within 30 days following the event.
- Third parties are prohibited from setting up a bank account which include the words or acronyms "CdLS," "CdLS Foundation," or "CdLS-USA" in conjunction with a fundraising event.

**The CdLS-USA Foundation offers the following services and materials to assist in fundraising event planning:**

- Permission to use CdLS-USA Foundation name and logo for event promotion
- Promotion of event in Foundation publications as space permits
- CdLS-USA Foundation educational materials (brochures, fact sheets, posters, etc.)
- Assistance with design of promotional materials/flyers
- Guidance and suggestions for event planning/management

***I have read and understand the CdLS-USA Foundation's guidelines for third-party fundraising events and agree to abide by them.***

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Signature

Date

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Printed Name

The Foundation has reviewed this proposal and agrees to lend its name to this event.

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Signature

Darrell Cookman  
Director of Individual Giving

Date

(over)

# CdLS-USA Foundation Fundraising Event Proposal

Please complete the information below and return to the CdLS-USA Foundation office.

Name of Contact Person Organizing Event \_\_\_\_\_

Name of Organization/Company (if applicable) \_\_\_\_\_

Contact Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name and Description of Event \_\_\_\_\_  
(i.e. golf tournament, auction, dinner)

Date of Event \_\_\_\_\_ Location of Event \_\_\_\_\_

Cost/fee for donor to participate in event \_\_\_\_\_

Number of people expected to attend event \_\_\_\_\_

***Please attach a proposed budget of income and expenses.***

Include any details you believe the Foundation should know about the event:

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***If you have any questions about completing this form or planning your event, please contact Darrell Cookman at the CdLS-USA Foundation office for assistance. toll-free (800-223-8355) or e-mail: [Giving@CdLSusa.org](mailto:Giving@CdLSusa.org)***

**Cornelia de Lange Syndrome Foundation, Inc.**

302 West Main Street, #100

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