Office Phone: 607.277.3203
24-Hour Hotline: 607.277.5000
P.O Box 164 Ithaca, NY 14851
email: info@actompkins.org
www.actompkins.org

Advocacy CENTER

Domestic Violence & Sexual Abuse Services

Advocacy Center Fundraiser Agreement

The mission of the Advocacy Center is to prevent and reduce domestic and sexual abuse through supportive services and education in our community. We welcome and appreciate offers from individuals and groups to host fundraisers supporting our work.

It is important to us that fundraisers organized on behalf of the Advocacy Center align with the agency mission and values. We ask that fundraising groups and individuals be aware of the impacts of abuse/violence within our community and show respect for abuse survivors in all stages of their fundraiser, including planning, publicity, and conduct associated with the event. For example, behavior that is sexist, racist, homophobic, transphobic, sexually explicit/inappropriate, physically or verbally abusive, and/or illegal, is not appropriate in events for the Advocacy Center.

Before we can authorize a fundraising event that uses our name, we must have the following completed, signed, and returned. **Thank you!**

Contact person for the fundraiser

Name: _____

Address: _____

Phone: _____

Email: _____

Event Information

Name of event: _____

Group sponsoring event: _____

Date(s): _____

Location: _____

Type of event: _____

Brief description: _____

The Advocacy Center can support your fundraiser in the following ways*:

- ☐ Authorize use of the AC name and logo in your outreach materials
- ☐ [redacted]
- ☐ Provide AC print/digital materials for you to share
- ☐ Meet with organizers/group for a pre-fundraiser Q&A session about Advocacy Center services
- ☐ Arrange for an AC representative to be present during the event
- ☐ Arrange an AC representative to speak at the event
- ☐ Request other support: _____

*We will make every reasonable effort to provide your event with materials/staff, subject to availability.

Please indicate the desired donation method/s for your fundraiser (select all that apply):

- ☐ Cash
- ☐ Share event proceeds with Advocacy Center after the event
- ☐ Participants will donate through Kindful Donation button on agency website https://www.actompkins.org/supportus/
- ☐ [redacted]
- ☐ Another donation method (please specify): _____

By signing below, I agree to relay the expectations of the Advocacy Center to all those associated with the event. If there is any question as to being able to abide by these expectations, I will notify the Advocacy Center contact and discuss my concerns.

I agree to ensure that all donations are received by the Advocacy Center in a timely manner.

Name _____ Date _____

Please return this form by
Email: development@actompkins.org
Mail: Advocacy Center, PO Box 164, Ithaca, NY 14851

Internal Use: Group Notified of Approval: (Please Initial/Date) _____
Funds Received: (Initial/Date) _____ Follow Up (Initial/Date) _____ Thank You Sent (Initial/Date) _____
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