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# Talent Management Program Fundraising Guidelines



## **Appendix B – Fundraising Guidelines**

*We gratefully welcome those who wish to organize events that raise funds and awareness on behalf of the Turner Syndrome Foundation, in accordance with our mission. Please review these guidelines, in addition to the general Handbook, if you are interested in hosting a special event or doing fundraising for the Foundation.*

*It is our goal to empower, not limit, you in your desire to help this cause. Please use this information as a tool that leads you to a successful and rewarding experience on behalf of the Turner Syndrome Foundation. If at any time you have questions or need more guidance, please contact the administrative office at 800-594-4585 or [info@tsfusa.org](mailto:info@tsfusa.org).*

### **FINANCES**

As a responsible steward of public funds, the Turner Syndrome Foundation expects that a reasonable percentage of the gross revenues from fundraising events be directed to the Foundation. The total cost to produce the event should not exceed the amount generated from the event. If event expenses are greater than the total collected, it is the organizer's responsibility to cover the additional expense.

The public should be informed of any net amounts that will actually be donated to the Turner Syndrome Foundation. Potential donors must be informed that only portions of proceeds will be donated whenever less than 100% of the net income will be donated. The organizer is responsible for accounting documentation of revenues and expenses. A Fundraising Financial Form will be provided to you. Please complete and return it, sent "certified mail", to our administrative office along with the funds.

All proceeds must be delivered to the Turner Syndrome Foundation no later than 21 days following your event. Approved expense reimbursements will be delivered to you by the Foundation no later than 21 days following submission of receipts and expense report. The Turner Syndrome Foundation should be informed, in advance, of any companies approached for underwriting or contributions for the event, so as to coordinate, where necessary, national and regional corporate partnerships.

No volunteer can take a commission for hosting an event.

### **SPONSORSHIPS**

If you plan to seek sponsorships and/or provide benefits to a business for their sponsorship, please contact the fundraising chairperson for more direction.

### **RECEIPTING AND TAX-DEDUCTIBILITY OF CHARITABLE DONATIONS TO 501(c)(3) ORGANIZATIONS**

All donations or event registrations are accepted by checks made payable directly to the Turner Syndrome Foundation or by credit card.

#### *Donation of Services & Products*

If goods and/or services are received in return for charitable donations (i.e. auction purchases, tokens of appreciation, giveaways, meals, beverages, etc.) the fair market value of those goods and/or services must be determined by the donor, in writing, and given to the Turner Syndrome Foundation office for documentation.

### *Purchase of Donated Services & Products*

The value of goods and/or services purchased through a silent auction, live auction, raffle, etc., will be deducted from the total purchase amount to determine the tax-deductible portion of the donation. (i.e. if event fee is \$100, but \$50 covers meal cost owed to hosting facility, only \$50 remains as the tax deductible donation to the charity).

### *Receipts for Charitable Donations*

In accordance with IRS regulations, all donations of \$250 or more made payable to and received by the Turner Syndrome Foundation must be recognized with an official receipt for tax purposes outlining the tax-deductible portion of that donation. A credit card transaction receipt is emailed directly for all donations made on-line to the Turner Syndrome Foundation. The name appearing on the check received by the Turner Syndrome Foundation will be used for receipting purposes and that individual, corporation, foundation, etc. will be the eligible party for tax benefits received as a result of the donation. In addition, the Foundation's policy is to make every effort to provide receipts to *all* donors.

If cash donations are deposited to a separate account outside the Turner Syndrome Foundation and subsequently donated in a single sum to the Turner Syndrome Foundation, only the individual or organization whose name appears on the check will receive tax benefits for the donation. Donors contributing in this circumstance should be made aware that their gift will *not* be acknowledged as a tax-deductible donation to the Turner Syndrome Foundation. If the donor of cash, property or in-kind donations wishes to receive tax documentation, the organizer must provide the detailed information listed below:

- Donor's complete name and address
- Date and amount of the contribution
- Note if the contribution was cash, in-kind services or property
- If applicable, description of the type of property and a good faith estimate of the fair market value
- If applicable, detailed description of any goods and services provided in exchange for the contribution

### **SUPPORT FROM THE TURNER SYNDROME FOUNDATION**

The Director of Local Fundraising will offer general advice on event or project planning along with tips for your specific type of event, implement income documentation procedures, as well as coordinate communications with the main office to have materials provided for your event.

Brochures, publications, and other available promotional supplies (awareness bracelets, etc.) can be provided for distribution at your event. If you are seeking sponsors, the Foundation can provide sample sponsorship letters and benefit ladders.

Announcements about your event will be posted to the Foundation's website, event calendars, and possibly included in the monthly newsletter or annual report.

### **FOLLOW UP**

After your event, you may be asked to complete a short survey so that we may continue to improve our Fundraising Program.



## Code of Conduct

I desire to serve as a volunteer with the Turner Syndrome Foundation (the “Foundation”) and help further its stated mission.

As a volunteer, I understand that I may be exposed to confidential information that is defined as inside, personal or sensitive information, and may include contact information, health information, or personal experience stories. By signing this agreement, I am prohibited from sharing or disclosing this information for any unauthorized purpose, including personal benefit.

In all situations in which the Foundation is involved, I promise to conduct myself according to the standards set forth in the Turner Syndrome Foundation Talent Management Program (TMP) Volunteer Handbook and understand that it is my responsibility as a volunteer to remain professional, respectful and discreet at all times.

I acknowledge that I have read and understand the contents of the TMP Volunteer Handbook and have had the opportunity to ask and receive answers to any questions I have about the contents thereof. I also understand that I must disclose any of my outside interests that may be in conflict or competition with the interests of the Foundation or that stand to benefit from my involvement therewith, and then refrain from participating in any discussions pertaining to those conflicts.

I understand that the Foundation is not financially or otherwise liable for injury or casualties that occur to anyone while serving as a volunteer for the Foundation.

### CODE OF CONDUCT CERTIFICATION AND DISCLOSURE

I certify that I have read and understand the Turner Syndrome Foundation’s Code of Conduct and TMP Volunteer Handbook and agree to comply with the terms therein, as well as applicable laws that impact the Foundation. I also understand that should I not maintain the conduct outlined above, the Foundation reserves the right to terminate my voluntary position immediately. I also have the right to step down from my volunteer position at any time.

Turner Syndrome Foundation:

\_\_\_\_\_ Printed Name / Title  
\_\_\_\_\_ Signed Name  
\_\_\_\_\_ Date

Volunteer:

\_\_\_\_\_ Printed Name  
\_\_\_\_\_ Signed Name  
\_\_\_\_\_ Date

Please complete and mail to: Turner Syndrome Foundation, PO Box 726, Holmdel, NJ 07733



## EVENT ORGANIZER FORM

*To secure clearance from the Turner Syndrome Foundation to move forward with event planning on behalf of the organization, please complete the following form. Return electronically to [info@tsfusa.org](mailto:info@tsfusa.org) or send an email sharing these details.*

1. Name of Volunteer Organizer:
2. Volunteer's Street Address:  
City/State/Zip:
3. Phone number:
4. Email address:
5. Proposed Event Title: \_\_\_\_\_ to  
benefit the Turner Syndrome Foundation  
OR  
\_\_\_\_\_ with proceeds to benefit the Turner  
Syndrome Foundation
6. Date of event:
7. Time(s) of event:
8. Location of event:
9. Additional description or details about the event/project:
10. Projected number of attendees/participants:
11. Fees or cost to each participant:
12. Will sponsorships be solicited? Will benefits be offered to sponsors?  
If yes, what?
13. Share any plans for promoting the event: (*flyers, email, social network site, radio, print news*)
14. Your event will be posted to the Turner Syndrome Foundation website and calendar. Please share here the contact info you give permission to have included in the post so participants can reply to you:  
  
Email: \_\_\_\_\_ Tele: \_\_\_\_\_ Other: \_\_\_\_\_
15. Briefly share what motivated you to choose the Turner Syndrome Foundation as the beneficiary of your efforts?

Initial

- I HAVE READ AND AGREE TO THE TURNER SYNDROME FOUNDATION FUNDRAISING GUIDELINES
- I HAVE COMPLETED THE VOLUNTEER APPLICATION.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed \_\_\_\_\_