



Memorandum of Understanding



*Roles and Responsibilities*

**\*\*Please initial by each statement as confirmation of your acceptance\*\***

\_\_\_\_\_ I understand that there is a \$150 charge for my organization to participate in *THE AMAZING GIVE*.

\_\_\_\_\_ I understand that my organization will provide substantial marketing efforts in the days immediately leading up to the campaign to create a sense of excitement among donors, media partners and fellow nonprofits.

\_\_\_\_\_ I understand that The Community Foundation of North Central Florida is not responsible for the amount of money that may or may not be contributed to my organization during the 24-hour event. I understand that donors must choose the nonprofit they are giving to when making the online gift and that the Community Foundation of North Central Florida has no control of this process.

\_\_\_\_\_ I understand that my organization, its staff, board of directors and volunteers should help promote *The Amazing Give* during the 24-hour event using social media.

\_\_\_\_\_ I understand that only donations pledged to my nonprofit organization through the *TheAmazingGive.org* website will count toward the incentive prizes and power hours.

\_\_\_\_\_ I understand that my organization will receive all monies that have been donor designated to my organization less a transaction fee of 2% charged by the website platform GiveGab and credit card fees of 2.2% plus \$.30. The donor can cover these fees.

\_\_\_\_\_ I understand that *TheAmazingGive.org* is an online platform that will safely process all contributions made during the event and that following the event I am to login to *TheAmazingGive.org* to obtain the list of all donors that designated my nonprofit during the event.

\*Signature on page 2\*

Please Print and Sign Name in applicable space:

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**Executive Director or CEO**

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**SIGNATURE**

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**Board President**

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**SIGNATURE**

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Organization Name

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Date:

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Federal Tax ID #