

The Association of Fundraising Professionals - Rockford Area Chapter

Invites you to our

“Honor Your Own”

Volunteer Recognition Breakfast

Tuesday, April 21, 2020
Mauh-Nah-Tee-See Country
Club

Registration 7:30 a.m. Event 8:00 a.m. to 9:00 a.m.

This is your opportunity to recognize individuals from your organization for their outstanding dedication and efforts as a volunteer, fundraiser, board member, sponsor or partner. Each honoree will receive a token of appreciation from AFP and be featured in the program.

Details:

- You are welcome to invite staff, board members, and volunteers from your organization.
- Breakfast price is \$25 per person for organizations who submit their nominees on or before 3/31/2020.
- Breakfast price is \$30 per person for organizations who submit their nominees after 3/31/2020.
- Please register online by April 13, 2020.

Nominations:

- Recognize and honor **up to 2** of your agency's volunteers by filling out the form [here](#).
- **All forms must be submitted online.**
- To be included in the printed program, **nominations must be received by April 7, 2020.**
- Nominators are responsible for inviting their nominees to the breakfast, as well as covering the cost of their nominees' breakfast tickets.
- The first 25 nominations (1 per organization allowed) will receive a complimentary nominee breakfast. A special code will be provided to redeem the complimentary breakfast at online registration.

Questions?

Contact Holly Sammons, Northern Illinois Hospice Foundation [779-210-3576](tel:779-210-3576) or hsammons@niha.org





ASSOCIATION OF FUNDRAISING PROFESSIONALS
Rockford Area Chapter

“Honor Your Own”

Nomination Form

Each nominee must also complete the Publicity and Consent form to be submitted with the nomination form.

Submitted by

Name_____

Organization Name_____

Address_____

Phone_____

Email_____

Nominee

Name/Group_____

Address_____

Phone_____

Email_____

I am honoring this person/organization/sponsor because: (Please limit to 50 words or less; additional words will not be published or announced.)



Nominee

Name/Group _____

Address _____

Phone _____

Email _____

I am honoring this person/organization/sponsor because: (50 words or less; additional words will not be published or announced.)



**HONOR YOUR OWN Volunteer Recognition
PUBLICITY AND CONSENT RELEASE FORM**

(Required for all nominations for those under age 18)

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **County:** _____

1. I give Rockford Chapter of the Association of Fundraising Professionals ("AFP") the irrevocable and unrestricted right to take and use my name, picture, likeness, photograph, film, videotape, and/or written and verbal statements in all forms, all media and all manners for any editorial, informational, promotional, fundraising, internet (web site) and/or publicity purposes of AFP. I understand that I may be identified by name, age and/or occupation in connection with the public, private and/or internal use of this material.
2. I grant this consent as a voluntary contribution to AFP and waive any rights I may have in connection with any use of the material, including any right to inspect or approve the finished use and any written copy that may be created in connection with such use. I further understand that I will not receive any compensation for the use of my picture or any media publicity and release AFP and its agents from any and all claims in connection with such use. I release AFP, its licensees, agents, successors, and assigns from any liability for claims and demands arising from such use.
3. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between AFP and myself, and I have signed of my own free will.
4. Please check one**
I am of full age ☐ I am a minor ☐
5. Printed Name _____
Signature _____ Date _____

****If the individual is under the age of 18, consent of the parent or legal guardian is required.**

I am the parent or guardian of the minor named above and have the legal authority to sign the above Consent and Release form. I approve the terms of Consent and Release and waive any rights in the premises.

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **County:** _____

Signature: _____ **Date:** _____