## ALS Association Northern Ohio Chapter Board of Directors Engagement Form

Name_				
Date C	ompleted			
First Tl	nings First: Be an Example			
	I will make personal gifts of			
	I own, am the decision maker or an influencer with a business that can make contributions.			
	I can and will apply for a matching gift from my employer.			
	I have or will make a provision for the ALS Association Northern Ohio Chapter in my estate plan (will/trust/CGA/CRUT/life insurance, etc.)			
	I will establish a named fund or continue to donate to a fund that I have established.			
	I will help secure gifts from my friends, relatives, business associates, colleagues. Please see attached worksheet for details.			
Cultiva	ition: Share what we do.			
	I will share what we are doing with another group I belong to ie. clubs, fraternities, alumni association, religious organization.			
	I can host a small group meeting at my home or place of business to share information.			
	I will share my involvement and commitment to the ALS Association			
	o On Facebook			
	o On LinkedIn			
	o On Instagram			
	o In my alumni newsletter			
	<ul> <li>Other (blog, Holiday Letter, etc.)</li> </ul>			
Volunt	eer Service and Recruitment			
	I will participate in Walk Gala Gala Will volunteer for Walk Gala I will ask friends or colleagues to participate in Walk Gala I will ask friends or colleagues to volunteer for Walk Gala I will attend and support Community Partnership Events (CPE).			

Advocate and Lead						
	I will attend The ALS Association Advocacy Conference in Washington, D.C. I will attend The Association Leadership Conference I will help connect the Chapter with state elected officials.					
The Ask: Be a Connector						
	I will identify and/or introduce staff or board members to colleagues at other corporations who should be a part of the Chapter.					
	I will go on calls to ask my friends to join me in supporting the ALS Association.					
	I will send out an e-mail to my friends and contacts asking them to donate to Walk, attend or sponsor Gala, or give to the Annual Fund.					
	I will go on calls with Chapter staff to ask others outside my personal network for funding support.					
Stewardship: Taking care of those who take care of us						
	I will write handwritten thank you notes to select donors.					
	I will make thank you phone calls to donors.					
	I will host a thank you event at my home or office.					
	I will work as part of a committee to organize a donor appreciation event.					
	I will host a thank you event for event volunteers.					

## Other Comments:

A Worksheet for who you know and with whom you will help connect. This list is not all inclusive, but is provided as a prompt to get you thinking about how you might engage others in the work of the Chapter.

Check all that apply.

√	Category	Name/Organization	Reason for connection – i.e. potential gala or walk sponsor, volunteer, annual or sustaining donor, named fund or planned gift donor
	My accountant		
	My car dealer		
	My banker		
	My attorney		
	Members of my professional association		
	My insurance agent		
	My doctor		
	My financial planner		
	My dentist		
	Neighbors		
	Friends		
	Colleagues		

Business associates	
People I work out with	
People whose charities I support	
Political pals	
People I went to school with	
Parents of children with whom my children went/go to school	
My realtor	
Members of other organizations I belong to	
Relatives	
People in my informal clubs, i.e. poker, bridge, golf, etc.	
Clients	
Others	

Updated: August 13, 2020