



## Charity Consent Form

This Consent is entered into in favor of Society of Health and Physical Educators (“SHAPE America”) by \_\_\_\_\_ (“501(c)(3) Charity”).

The health. moves. minds.® program is an activity-based service-learning program of SHAPE America which includes an online fundraising platform and educational material based on health and physical education national standards.

By participating in SHAPE America’s health. moves. minds. program, the 501(c)(3) Charity is supporting health and physical education programs at the local, state and national levels.

Schools are provided with a participation incentive and are given the option to allocate 25% of the funds raised toward that incentive to a 501(c)(3) charity of the school’s choice.

A participating school, \_\_\_\_\_ has opted to allocate 25% of funds raised to the named 501(c)(3) Charity. To publicize the school’s generosity, the named 501(c)(3) Charity agrees to permit SHAPE America, \_\_\_\_\_ and participating faculty and students to inform donors and potential donors that a portion of the proceeds will benefit 501(c)(3) Charity. The named 501(c)(3) Charity’s name and logo may be utilized for this purpose.

Proceeds for the Charity will be paid by ACH in August 2023 at the conclusion of the 2022/23 program. (The only payment option is by ACH.) The named 501(c)(3) Charity is asked to return this Charity Consent Form, along with the [ACH/Direct Deposit Vendor Authorization Form](#) and a completed [W9 form](#), to SHAPE America’s accounting department 30 days BEFORE the fundraiser start date and no later than June 1, 2023 to ensure timely payment. The ACH form may be faxed to the following secure fax number: 703.476.9537 or emailed to [AP@shapeamerica.org](mailto:AP@shapeamerica.org). Please contact Veronica Alfaro at [AP@shapeamerica.org](mailto:AP@shapeamerica.org) or 703.476.3448 with any questions regarding the forms.

This Consent shall terminate after fulfillment by payment of 2022/23 funds due to named 501(c)(3) Charity.

### Charity Information

**Charity Name:**

**Charity Address:**

**501(c)(3) Tax ID:**

#### Authorized Signer:

**Signature:** \_\_\_\_\_

**Printed Name:**

**Title:**

**Email:**

**Phone:**