



## Participation FAQs

### 1. What are participants expected to do?

- This event serves two important purposes: 1) to raise awareness about the risk of unnecessary medication-related harm, and 2) raise funds in support of the Foundation's efforts to educate the public about safe medication use. To accomplish these goals, participants should talk to friends, family members, co-workers and local businesses about their participation in this event and use that opportunity to solicit pledges for their team.

### 2. How many pledges do I need to get?

- While there is no required minimum, we suggest that *each participant* set a personal goal of collecting \$500 in pledges. This task may at first sound daunting, but consider the following simple strategy for raising \$500 in 9 days or weeks:
  - DAY/WEEK 1 – Sponsor yourself for \$25
  - DAY/WEEK 2 – Ask 2 family members to sponsor you for \$25
  - DAY/WEEK 3 – Ask 5 friends to sponsor you for \$20
  - DAY/WEEK 4 – Ask 5 co-workers to contribute \$10
  - DAY/WEEK 5 – Ask 5 neighbors to sponsor you for \$10
  - DAY/WEEK 6 – Ask 5 people from your social organization, church, etc to contribute \$10
  - DAY/WEEK 7 – Ask your boss for a company contribution of \$25
  - DAY/WEEK 8 – Ask 5 local merchants to sponsor \$20 each
  - DAY/WEEK 9 – Ask 2 business you frequent (doctor, dentist, hair dresser, etc) for \$25You've just raised \$500 for a great cause!

### 3. Can I participate if I'm not interested in soliciting pledges?

- Due to space restrictions, we are only able to accommodate 20 total bowling teams and one student team from each school. Therefore, teams that register and don't raise money take the space of another team that would collect pledges to support the Foundation's consumer outreach efforts. For this reason, we are requesting that anyone who registers as a bowler for this event make a *genuine effort* to collect at least a few pledges or give a pledge of their own. Please note that if you do not want to solicit pledges, there are many other ways you can participate in this important and fun event – check out the following "Interest Form" for details.

### 4. How do I raise money?

- Write a letter or send an email to friends, family, co-workers and local businesses asking for their support. We'll assist you by providing donation forms and sample request letters. Also, our bowl-a-thon website ([www.pfc.dojiggy.com](http://www.pfc.dojiggy.com)) offers an easy, safe, and secure way for people to provide a donation. If you collect checks, bring them with you to the PFC information table at Outlook or to the event. Please note that after you register, PFC will send occasional emails that contain ideas and tools to help with your fundraising efforts.



## Team Captain Information

### What is a team?

A team is a group of FOUR people who come together to support PFC's fight against medication errors. It can be made up of friends, classmates, co-workers, or members of your local association, or professional academy.

Forming a team is a fun way to help PFC raise awareness about preventable medication-related harm and safe medication use. And, it's easy to do.

- 1. Set a personal fundraising goal.** As a Team Captain, you should lead by example – set a high fundraising goal (we're recommending \$500 per bowler) and be the first person to give pledge for your team. (Note that this is just a *goal* – nobody is going to be kicked out of the event for falling short of their goal).
- 2. Find 3 friends, family members, etc. to join as team members.** Pick a fun name for your team and go to [www.pfc.dojiggy.com](http://www.pfc.dojiggy.com) to register your team. Then have your friends visit the website and add themselves as part of your team.
- 3. Tell your personal story – Part I.** Set-up a fundraising page on our Bowl-A-Thon website for your team, and then have all your teammates set up their own personal page. Tell everyone why you are participating in the Bowl-A-Thon to *Strike Out Medication Errors*. You can even post photos!
- 4. Tell your personal story – Part II.** Write letters (we'll provide a sample) or send emails to friends and family asking them to support your efforts. Tell them how easy it is to donate online or by check.
- 5. Create your team identity.** Make team bowling shirts ([www.bowlingshirt.com](http://www.bowlingshirt.com) is just one good site), buttons or hats to wear at the bowl-a-thon.
- 6. Stay in touch with your bowlers.** Stress the importance of fundraising to support PFC's efforts to educate consumers about preventing medication-related harm.
- 7. Stay in touch with PFC staff.** Email Ian Tandingan ([itandingan@pharmacyfoundation.org](mailto:itandingan@pharmacyfoundation.org)) and let him know about your fundraising challenges and successes. He can give you ideas that have worked for other teams and send you additional materials.
- 8. Bowl!** Make sure your team makes a big impact with colorful shirts or accessories. Don't forget to bring all your pledges to the bowl-a-thon.



## Interest Form

Please mark all your interests below. We will follow up with the contact you provide within 5 business days.

**Forming bowling team**

- I am interested in forming my own team representing my company, CPhA Academy, Local association, etc, and
  - I have already set up my team on [www.pfc.dojiggy.com](http://www.pfc.dojiggy.com), OR
  - I need help setting up my team
- I would like to help recruit new bowling teams

**Sponsorship**

- My company, CPhA Academy, Local association, etc. is interested in being a sponsor of the event
- I would like to help solicit sponsorship from others

**Pin-up Campaigns**

- I am interested in selling pin-ups at my place of business (see [www.pharmacyfoundation.org/pinups.pdf](http://www.pharmacyfoundation.org/pinups.pdf) for details)
- I would like to recruit businesses to initiate a pin-up campaign

**Logistics**

- I would like to help secure in-kind donations, fill day of event volunteer needs, help manage the bowl-a-thon, etc.

Company: \_\_\_\_\_

My Name: \_\_\_\_\_

Contact Person's Name & Title: \_\_\_\_\_

Contact's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Please return completed form to a Foundation staff person or volunteer, or return to:  
 Pharmacy Foundation of California • c/o Ian Tandingan • 4030 Lennane Dr. • Sacramento, CA 95834

Questions? Call Ian at (916) 779-1410 x312