

## 2018 BOARD COMMITMENT LETTER

I agree to serve as a member of the Board of Directors of the American Brain Foundation, (“the Foundation”) from January 1, 2018 to December 31, 2018.

**As a member of the Board of Directors, I agree to:**

### Ensure Healthy Governance

- Abide by the Bylaws and Articles of Incorporation of the Foundation.
- Attend all regular meetings of the Board unless prior notice is given.
- Serve on at least one board committee.
- Review and approve the annual budget.
- Avoid any conflict of interest or appearance of a conflict.

### Lead Strategically

- Ensure strategic planning / thinking.
- Monitor and evaluate programs, outcomes, impact and performance.
- Act as an ambassador of the Foundation in the community.

### Assure Financial Stability & Develop Funding Sources

- Give a significant annual personal gift.
- Play a significant role in the Foundation’s development program-
- Ensure accountability to donors and funders.
- Read and interpret financial statements.

*Please check two or more fundraising activities that would interest you:*

- Introduce ED or Major Gifts Officer to a prospective donor you know.
- Attend a meeting with a current or prospective donor (individual, corporate or foundation) identified by the staff.
- Sign fundraising letters addressed to people in your network.
- Ask organizations to sponsor and buy tickets for ABF events.
- Make thank you phone calls to a select group of donors.
- Work on a fundraising event.

I agree that if I am unwilling or unable to fulfill this agreement as a member of the Board of Directors of ABF, I will give notice of resignation to the Chair of the Board or promptly seek another remedy.

Bruce L Miller, MD

Bruce L Miller

Digitally signed by Bruce L Miller  
DN: cn=Bruce L Miller, o=Memory and Aging Center, ou=UC  
San Francisco Department of Neurology,  
email=Bruce.Miller@ucsf.edu, c=US  
Date: 201804 09 11:51:51 -0700

April 9, 2018

Printed Name

Signature

Date

## Disclosure of Conflicts of Interest

I have reviewed the American Brain Foundation's Policy on Conflicts of Interest. I understand that, as a Foundation official, I have a conflict of interest if I have a private interest that may interfere with my official responsibilities to the Foundation. Further, I understand that I must disclose a potential conflict of interest at the beginning of my term as a Foundation official, annually thereafter, and whenever a change in my personal circumstances causes the previously-submitted disclosure form to be no longer correct.

In addition, when I am aware of a potential conflict of interest concerning an agenda item in a Foundation meeting, I will promptly disclose that conflict to the chair.

I declare the following potential conflicts of interest:

---

---

---

---

Name: Bruce L Miller, MD

Signature: Bruce L Miller

Digitally signed by Bruce L Miller  
DN: cn=Bruce L Miller, o=Memory and Aging Center,  
ou=UC San Francisco Department of Neurology,  
email=Bruce.Miller@ucsf.edu, c=US  
Date: 2018.04.09 11:59:33 -0700

Date: April 9, 2018