

AUTHORITY TO FUNDRAISE APPLICATION



Contact Details

Name of Fundraiser:		
If under the age of 18, name of parent or guardian:		Relationship:
Address:		State: Postcode:
Phone: (h)	(w)	(m)
Email:		

Event/Activity Details

Type of event/activity:	
Date:	Start/end time:
Location:	
How will funds be raised (e.g. raffle, ticket sales, sponsorship etc.):	
How many people are expected to attend?	
Estimate \$ of funds to be raised:	
Would you like funds raised to be allocated to a specific area within Western Health? Yes/No. If Yes, please identify where:	
Will <u>all</u> the proceeds come to Western Health Foundation? Yes/No. If no, list other organisations and their percentage split:	
Will the event require Public Liability Insurance? Yes/No	
Does the event require council/government permits? Yes/No	
Will a raffle be held as part of this activity/event? Yes/No. If Yes please ask Western Health Foundation for information about Raffle Legislation.	
Will you be seeking business sponsorship for this event? Yes/No. If Yes, please list which businesses you are looking to approach.	

Declaration

By registering your fundraising event/activity with Western Health Foundation you hereby declare to:

1. Comply with Western Health Foundation's Terms & Conditions of Fundraising;
2. Use your best endeavours to raise money for Western Health and to not do anything to bring the reputation of Western Health or Western Health Foundation into disrepute;
3. Obtain and pay all the monies raised within 30-days of your fundraising event/activity;
4. Adhere to relevant fundraising legislation regarding your event/activity;
5. Not undertake any door knocking, street collections or telemarketing activities;
6. Keep and provided accurate financial records relating to your event/activity including a budget of income and expenses and copies of all invoice and receipts related to expenses incurred;
7. Only accept donations in the form of cash or cheques. Credit card donations are to be directed to Western Health Foundation or through endorsed online third-party suppliers, e.g. Everyday Hero;
8. Not to approach businesses for support without prior approval from Western Health Foundation;
9. Seek prior approval for media/marketing materials relating to your event/activity;
10. Not use the Western Health and Western Health Foundation name and/or logo without prior approval.

Name: _____ Signature: _____ Date: _____

Please photocopy this form and keep a copy for your records. Original is to be posted to Western Health Foundation, Locked Bag 1200 SUNSHINE VIC 3020. Attention: Community Fundraising Manager.

OFFICE USE ONLY:		
Received on:	Authorised by:	Date: