

# APPLICATION FORM FOR AUTHORITY TO FUNDRAISE

Application date: ..... / ..... / .....

Name of group/company/individual planning the event ("the fundraiser"): .....

ABN (if company): ..... Name of individual/s responsible: .....

Mailing address: .....

Daytime phone: ..... Mobile: .....

Fax: ..... Email: .....

Type of fundraising activity: .....

Name of activity: .....

Overview of event: .....

Date(s): ..... Time: .....

Location (include address): .....

How the will funds be raised? .....

How many people are expected to attend? .....

Will all the proceeds come to the Leukaemia Foundation?  yes  no

If no, list other organisation/s (and percentage split): .....

Does the event require public liability insurance?  yes  no

Does the event require council/government permits?  yes  no

Will a raffle take place in conjunction with the event?  yes  no

Will a raffle or fundraising permit be required?  yes  no  not sure

Will the event cross into other states?  yes  no

If yes, which ones: .....

Will you be seeking sponsorship for the event?  yes  no

*If yes, please forward to the Leukaemia Foundation your target list and sponsorship proposal before approaching.*

The Leukaemia Foundation will provide:

letter of authority (once approved); literature/posters, signage, raffle books, receipt books, copy of public liability insurance.

Please note, all excess merchandise, literature, signage must be returned to the Leukaemia Foundation in your capital city.

Applicant signature ..... Date ..... / ..... / .....

**Please return completed form along with the completed budget template to:**

**The Leukaemia Foundation GPO Box 9954 IN YOUR CAPITAL CITY or fax back to: 1800 50 1010**

**Office use:** Approved by: Community Fundraising Manager

Name .....

Signature ..... Date ..... / ..... / .....