

BE THE ONE COMMUNITY FUNDRAISING APPLICATION FORM

CONTACT DETAILS

Name: _____ Application Date: _____

Address: _____

Phone: _____ Email: _____

Name of group/company (if applicable): _____

FUN-RAISING ACTIVITY

Name: _____

Date: _____ Time: _____ Location: _____

DETAILS OF THE ACTIVITY

Have you held a similar event before? Yes / No Will it be an annual activity? Yes / No

Approx. attendance numbers: _____

How much do you hope to raise? _____

Who is the activity aimed at? _____

Will you be fundraising for any other charity during this activity? Yes / No

If yes, which charity? _____

Do you have a raffle planned with prizes? Yes/No

(if you are holding a raffle please refer to the Gambling Regulations Act 2003 www.vcgr.vic.gov.au)

Do you require any assistance from Alzheimer's Australia Vic? Yes / No

(Information about Alzheimer's Australia Vic / Logos / Donation Tin / Envelopes / Recipe Cards / Trivia Questions)

Further information about your activity:

PUBLICITY

Alzheimer's Australia Vic must approve all publicity for the proposed activity before it is released.

Do you agree to supply your promotional material to Alzheimer's Australia Vic for approval? Yes / No

Do you require any promotional material about Alzheimer's Australia Vic for your activity? Yes / No

Way may be able to assist in promoting your activity via social media.

If you would like this please provide your social media links/handles:

Facebook: _____ Twitter: _____

ACCEPTANCE OF AGREEMENT AND TERMS & CONDITIONS

I/We _____ (name/s of fundraisers) offer to hold a fundraising activity according to the terms and conditions set out in the attached document. Having read and understood them, I/we agree to conduct the activity _____ (name of activity) in accordance with these terms and conditions and in a manner which upholds Alzheimer's Australia Vic's integrity, professionalism and ethos.

I/We agree that Alzheimer's Australia Vic must first approve this application prior to publicising or holding the activity or event.

I/We agree to inform Alzheimer's Australia Vic if the details of the activity change from those provided.

Print name/s: _____

Signature of applicant/s: _____

Date: _____

PLEASE COMPLETE AND RETURN TO:

Fundraising Department
Alzheimer's Australia Vic
Locked Bag 3001, HAWTHORN VIC 3122
Email: vic.fundraising@alzheimers.org.au
Call: 03 9815 7800
Fax: 03 9816 5733

