

COMMUNITY FUNDRAISING EVENT FORM

1. NAME OF INDIVIDUAL, ORGANISATION, COMMUNITY GROUP CONDUCTING THE EVENT

Contact person _____

Email address _____

Phone number _____

Mailing address _____

2. EVENT DETAILS

Event name _____

Brief description of event _____

Purpose for which funds are being raised _____

Fundraising for (trauma counselling team, residential care team, foster care team, safeguarding children team, our every day work) _____

Location _____

Event start date _____ Event end date _____

Type of event _____

Anticipated funds raised: \$100-\$500 \$500-\$1,000 \$1,000-\$5,000
 \$5,000-\$10,000 more than \$10,000

Fundraising method (donations, ticket sales, auction, raffles, sale of goods, % of sales/profit, Other (please specify) _____

Do you require collection tins? Y N

How many tins do you need? (1 tin holds \$300-\$500)

Will this be an annual event? Y N

List all event sponsors (if any): _____

PLEASE NOTE: The Australian Childhood Foundation will not take any responsibility for expenses incurred by organisations or individuals raising money to benefit the Australian Childhood Foundation, unless specifically authorised in writing. Under the Privacy Act the Australian Childhood Foundation cannot provide any lists of volunteers or fundraisers, donors etc. The Australian Childhood Foundation respects your privacy and will not give your details to a third party. Your contact details will only be included on our secure database to enable you to receive receipts and updates on the Australian Childhood Foundation, including quarterly appeals.

3. EVENT PROMOTION

What are your expectations from the Australian Childhood Foundation?

(logo use, signage, t-shirts, volunteers (dependent on event location + advanced notice)



Additional expectations: _____

4. PAYMENT PROCESSING QUESTIONS:

What forms of payment will you be accepting from attendees? (e.g cheque, cash and credit card) _____

What account number and name will you deposit the event revenue in?

Full account name: _____

Full account number: _____

Any additional comments or information: _____

5. FUNDRAISING AUTHORISATION

Applicant's signature: _____

Print Name: _____ Date: _____

Funds must be donated within 60 days of the event. Please indicate when you intend to submit funds to the Australian Childhood Foundation.

Date: _____ Payment method (cash, cheque or credit card): _____

Approved: _____ Date: _____

Fundraising Department

6. PLEASE SEND TO:

Kylie White
Fundraising Department
Australian Childhood Foundation
PO Box 525, RINGWOOD VIC 3134
Phone: 0429 808 512
Email: kwhite@childhood.org.au
Website: www.childhood.org.au

OFFICE USE ONLY

Date received _____

Copy sent to Finance Y N

Signature _____

Print Name _____

Date _____