



Proposal to Fundraise

Name:

Organisation (if applicable):

ABN (if applicable):

Type of Organisation (Club/Company/Association/Sole Trader etc):

Postal address

Phone:

Email address:

Have you raised funds for Liver Kids Australia before? (circle one) YES NO

Activity Information

Name of Activity:

Description of Activity:

How will the funds be raised (eg. ticket sales, raffles, donations etc)?

Proposed date of your Activity:

Proposed time of your Activity:

Venue name and address:

Proposed ticket price/entry fee (if applicable):

Is the Activity (circle one) OPEN TO THE PUBLIC INVITATION ONLY

Has the Activity taken place before? If so, when and how much was raised?

Does any person working on the Activity have a connection with Liver Kids Australia? If so, what is the connection?

How do you plan to advertise and promote the Activity?

Do you intend to seek Public Liability Insurance for your Activity? (circle one) YES NO

How much money do you aim to raise for Liver Kids Australia?

Declaration

1. I confirm that by submitting this Proposal to Fundraise, I am acting on behalf of and with the authority to bind those individuals and/or organisation named as the Fundraiser.
2. I confirm that I have read the Fundraising Terms and Conditions and will abide by them.
3. I will not exploit the position as a Fundraiser and/or the association with Liver Kids Australia for personal gain.
4. I agree that all personal and sensitive information association with the proposed Fundraising Activity will be handled in accordance with all relevant privacy legislation.
5. I give consent for photographs or other information I provide from the Activity to be published online or in publications by Liver Kids Australia.

SIGNED BY ON OR BEHALF OF THE FUNDRAISER:

Name:

Signature:

Date:

Please post this form to: Liver Kids Australia Inc, PO Box 3519, WESTON ACT 2611

Or email to: admin@liverkids.org.au

OFFICE USE ONLY

Approved:

Date Authority to Fundraise issued:

Form Version Date: 23 February 2016