Lifeline Canberra Community Fundraising



AUTHORITY TO FUNDRAISE APPLICATION FORM

FUNDRAISER | COORDINATOR INFORMATION

TITLE GIVEN NAME	SURNAME		
ORGANISATION	POSITION		
EMAIL	PHONE		
WEB	MOBILE		
POSTAL ADDRESS			
SUBURB	STATE POSTCODE		
HAVE YOU PREVIOUSLY RAISED FUNDS FOR	(IF YES, PL LIFELINE CANBERRA? ☐ Yes ☐ No PROVIDE		
JNDRAISING ACTIVITY DETAILS			
START DATE			
END DATE			
	HOW MUCH DO YOU HOPE TO RAISE? \$		
ACTIVITY DESCRIPTION			
HOW WILL FUNDS BE RAISED (i.e.: ticket sales	s, sponsorships)		
PROMOTIONAL PLAN			

Lifeline Canberra Community Fundraising



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☐ LIFELINE CANBERRA LOGO	☐ LIFELINE POSTERS	☐ INFORMATION FLYERS				
☐ DONATION BUCKET	□ DONATION BUCKET □ LIFELINE CANBERRA REPRESENTATIVE					
	(NOTE: not all representation rec	quests may be met due to limited resources)				
If you have any further relevant information about the event, please submit with the application.						
RESEARCH PURPOSES						
HOW DID YOU HEAR ABOUT LIFELII	NE CANBERRA?					
WHAT INSPIRED YOU TO RAISE FUNDS FOR LIFELINE CANBERRA?						
AGREEMENT						
AGREEMENT						
☐ I have read, understand and accept the Lifeline Canberra Community Fundraising Guidelines						
PRINT NAME		_				
SIGNATURE		DATE				
SUBMISSION						
PLEASE RETURN COMPLETED FORM EMAIL: events@act.lifeline.org.au		inity Fundraising GPO Box 583 Canberra City ACT 2601				

PLEASE NOTE: Lifeline Canberra reserves the right to deny or withdraw approval for a fundraising activity at any time if it appears there is a likelihood of the event organiser failing to adhere to any of the terms and conditions as set out in the Lifeline Canberra Community Fundraising Guidelines and Authority to Fundraise Application Form. In the event this does occur, written notification will be provided.

Thank you for your support!