

Community Fundraising Application Details



Please note that this application must be formally submitted and approved by the St John of God Foundation Chief Executive Officer before you can commence your fundraising activity.

Applicants Details

Name of Applicant:

Name of Organisation [if applicable]:

Address

Suburb:

State:

Post Code:

Phone:

Mobile:

Fax:

Email:

Website:

Fundraising Activity Details

Title of fundraising activity:

Venue:

Estimated number of participants:

Date(s):

Time (if relevant):

Please provide a brief outline of your proposed fundraising activity:

Have you previously fundraised for St John of God Foundation? If yes, please provide details.

Will you be seeking corporate support for your fundraising activities?

Why have you chosen to raise money for St John of God Foundation?

Will you be seeking Media support for your fundraising activities?

Please provide information on how the proceeds will be allocated to St John of God Foundation:

100% to St John of God Foundation Income less costs Other: _____

St John of God Foundation has established guidelines to ensure your fundraising activity complies with regulations and policies. Please confirm the following by ticking the appropriate box:

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | We have read the SJGF Fundraising Guidelines and agree to abide by them at all times |
| <input type="checkbox"/> | <input type="checkbox"/> | We agree not to use the SJGF logo without the appropriate authority |
| <input type="checkbox"/> | <input type="checkbox"/> | We agree not to accept tobacco company sponsorship, donations or in-kind support |
| <input type="checkbox"/> | <input type="checkbox"/> | We agree not to be involved in illegal activity |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have Public Liability Insurance? If yes, please provide a copy |
| <input type="checkbox"/> | <input type="checkbox"/> | We agree to contact the SJGF before approaching organisations for sponsorship |

Community Fundraising & Event Approval

I agree to the St John of God Foundation’s Community Fundraising and Event Terms and Conditions.
I declare that all details on this form are correct to the best of my knowledge.

Name of Applicant

(If an individual -)

Signed

Date

OR

(If a corporation-)

Executed by _____ in accordance with section 127 of the Corporations Act 2001 (Cth):

Signature of Director

Signature of Director/Secretary

Name of Director
(Please Print)

Name of Director/Secretary
(Please Print)

St John of God Foundation Inc Approval

Signed

Date

Mr Nick Harvey, Chief Executive Officer