



## **Community Fundraising Application**

*Please return a signed copy of this application form to NF to obtain approval for your fundraising activity.*

### **Fundraiser Contact Details:**

Title: \_\_\_ Name of Applicant: \_\_\_\_\_ (First Name) \_\_\_\_\_ (Surname)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Organisation (If Applicable): \_\_\_\_\_ ABN: \_\_\_\_\_

Relationship to above organisation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Name of referee (excluding relative or guardian): \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

### **Fundraiser Activity Details:**

Proposed title of Activity: \_\_\_\_\_

Proposed date of Activity: (Start Date): \_\_\_\_\_ (End Date): \_\_\_\_\_

Proposed time of Activity: \_\_\_\_\_ No. of Guests: \_\_\_\_\_

Proposed Venue: \_\_\_\_\_ Venue Address: \_\_\_\_\_

### **Assistance from NF: (Please tick)**

Letter of Support: \_\_\_ Speaker to Attend: \_\_\_ Press Release: \_\_\_ Tax-deductible receipt: \_\_\_

### **Insurance and legal matters:**

Do you have public liability insurance for this activity? \_\_\_\_\_ (Yes/No)

Does the activity require permits from council/government bodies? \_\_\_\_\_ (Yes/No)

### **Fundraising Budget:**

Please provide estimated income: \_\_\_\_\_ Estimated Expenses: \_\_\_\_\_

### **Fundraising Deposit:**

Please deposit funds ***within seven days*** with your registration identity number (provided by NF upon approval) into: **Bank SA, Nature Foundation, BSB: 105900, ACC: 963747240**