Authority to Fundraise Form



Thank you for your offer to fundraise for Lymphoma Australia.

However before you start you will need to complete this application form for Lymphoma Australia to approve your event. Please complete this form and email back to **enquiries@lymphoma.org.au**

This form must be completed by any individual or group wishing to conduct a fundraising activity on behalf of Lymphoma Australia. Please submit the completed form to Lymphoma Australia prior to proceeding with the event. Once approved, we will issue you with an Authority to Fundraise letter for your activity and a Fundraising Pack to support your fundraising activities. For further information, visit our website: www.lymphoma.org.au

INDIVIDUAL OR GROUP DETAILS

Name									
Company name (if relevant)									
Address									
					State		Postcode		
Contact email									
Contact phone									
What has inspire	ed you to rais	e funds f	or Lymphoma	Australia?					
EVENT DETAILS									
Name of event									
General nature of event									
Date of event									
Proposed location, time and venu									
Number of people expected									
Support required from Lymphoma A			tralia (if any)						
PROMOTING TH	E EVENT								
Describe how you	u will promot	e the ever	า t (incl. paid/unp	aid publicity, soc	ial media, b	rochures, pos	ters, invitatio	ns etc.)	
Do you require use of the "Proudly supporting Lymphoma Australia" logo?							Yes	No	
Do you wish to have your event promoted on our social media, website and/or newsletter?						r?	Yes	No	

If yes, please write a brief description outlining your event (max 50 words)										
Would you lik	ke any of the followin	g?								
Lymphoma p	oosters	sters Number			Wristbands (sell @\$3ea)					
Lymphoma ri	ibbons (sell @\$1ea)	Number		Lymphoma tattoos (sell @\$1ea)						
Lymphoma d	lonation boxes	Number								
Please note: you will only need to pay for the above after they have been sold. Any unsold merchandise can be returned to Lymphoma Australia.										
BUDGET										
Anticipated income				Anticipated expenses:						
Ticket sales					Venue hire, catering & beverages etc.					
Donations				Entertainment, prizes etc.						
Auctions and	draffles			Promotion, advertising, printing etc.						
Total income				Total expenses						
				Net proceeds to Lymphoma Australia						
N.B. All funds that are collected should be given to Lymphoma Australia no later than 2 weeks after the event. Once your event is approved we will supply a template to assist with record keeping. Receipts for expenses will need to be provided to Lymphoma Australia.										
Will you be a	?	Yes		No						
DISCLAIMER										
Lymphoma Australia reserves its right to withdraw its approval for the fundraiser/event at any time if it appears there is a likelihood of the fundraiser failing to adhere to any of the above terms and conditions, and/or community fundraising guidelines. I further verify that I am in proper physical and mental condition to participate in the fundraiser and acknowledge that I am aware of the risks involved and voluntarily agree to assume those risks.										
				es. I agree to conduct my fun grity, professionalism and et				vith thos	е	
				uidelines of Lymphoma Aus or from the event/fundraise						
Signature				Date						
OFFICE USE	ONLY									
Date Application received										
Event Approv										
Approved by										
Event ID num										