



## Fundraising Application Form

### Fundraiser details

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Organisation (if applicable): \_\_\_\_\_

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

Postcode: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

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

Do you have a special connection with the Childhood Cancer Association? (ie: parent/relative/friend of child with cancer, bereaved family):

\_\_\_\_\_

If not, what made you decide to support the Childhood Cancer Association?:

\_\_\_\_\_

\_\_\_\_\_

I would like to receive Hand Prints, the Childhood Cancer eNewsletter

### Fundraising information

Name of proposed activity: \_\_\_\_\_

Location and address of the proposed venue: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Date of event: \_\_\_\_\_

Time: \_\_\_\_\_

Brief description of activity: \_\_\_\_\_

\_\_\_\_\_

How will funds be raised?: \_\_\_\_\_

\_\_\_\_\_

How will the activity be promoted? (Please refer to the community fundraising guidelines regarding promotional material):

\_\_\_\_\_

\_\_\_\_\_

## Fundraising activity budget

Total estimated income: \$ \_\_\_\_\_

Total estimated costs: \$ \_\_\_\_\_

Details of expenditure anticipated: \_\_\_\_\_

Estimated net revenue to be donated to Childhood Cancer Association: \$ \_\_\_\_\_

Comments: \_\_\_\_\_

## Childhood Cancer Association support

Please select which of the following resources you may need (subject to availability):

- |                                                                    |                                                                                                                        |
|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <input type="radio"/> Collection tins                              | <input type="radio"/> Childhood Cancer Association banners                                                             |
| <input type="radio"/> Childhood Cancer information brochures       | <input type="radio"/> A Childhood Cancer representative to attend your event                                           |
| <input type="radio"/> Merchandise (Elliot & Baby Elliot soft toys) | <input type="radio"/> I would like to create a free online fundraising page<br>– please send me a link to get started! |

## Authorisation

I, \_\_\_\_\_ have read, fully understand and accept the terms and conditions of the Childhood Cancer Association Fundraising Guidelines.

I agree to act in a professional manner in conducting the fundraising activity and uphold the integrity and values of the organisation.

I also accept my obligation to remit the funds raised to Childhood Cancer Association within 14 days of the event's conclusion.

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

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

Printed name: \_\_\_\_\_

## Please contact us if you have any questions – we are here to help!

### Kate McKeegan

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Relationships Manager  
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