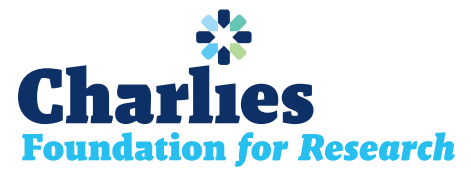


Fundraising Proposal Form



Thank you for your support of Charlies Foundation for Research. Please complete this form and return it to the Foundation to receive your **Authorise to Fundraise** document.

Name			Date:	
Organisation				
Address				
Suburb	State	Postcode		
Phone	Email			

Please provide an outline of your proposed fundraising activity or event

The way in which you will be fundraising, e.g., raffle, sponsorship, collecting donations, morning tea etc.

Activity Title			
Venue			
Date(s)	Time (if relevant)		
# of Participants			

Have you previously fundraised for CFR? If yes, please provide details of previous fundraising activities

Will you be seeking CFR support for your fundraising activity or event?

Why have you chosen to raise funds for CFR?

Will you be seeking Media support for your fundraising activity or event?

Will you be using the Everyday Hero website (everydayhero.com.au) to manage your donations?
If yes, we will provide more information as necessary.

- Yes No

Please provide information on how the income / proceeds will be allocated to CFR.

- 100% to CFR Income **less** costs Other _____

Donations to Charlies Foundation *for Research* must be returned to the Foundation within 14 days with Donor contact details so that tax deductible receipts can be issued. You can read more about this in the Fundraising Guidelines.

Charlies Foundation *for Research* has established guidelines to ensure that your fundraising activity or event complies with the law and relevant regulations and upholds the Foundation's principles.

Please confirm the following by ticking the appropriate box

	Yes	No
I/We have read the CFR Fundraising Guidelines and agree to abide by them at all times	<input type="checkbox"/>	<input type="checkbox"/>
I/We agree not to use the CFR logo without the appropriate authority	<input type="checkbox"/>	<input type="checkbox"/>
I/We agree not to accept tobacco company sponsorship, donations or in-kind support	<input type="checkbox"/>	<input type="checkbox"/>
I/We agree not to be involved in illegal activity, violence, aggression or undue risk taking	<input type="checkbox"/>	<input type="checkbox"/>
Do you have Public Liability Insurance? (If yes, please attach a copy of your Policy)	<input type="checkbox"/>	<input type="checkbox"/>
I/We indemnify CFR from liability incurred by CFR as a result of a claim arising from an incident in relation to an activity conducted by me/us	<input type="checkbox"/>	<input type="checkbox"/>
I/We agree to contact CFR before approaching organisations for sponsorship	<input type="checkbox"/>	<input type="checkbox"/>

I/We declare that all details on this form are true and correct to the best of my/our knowledge.

Name	Position/Organisation
Date	Signature
Name	Position/Organisation
Date	Signature