

Community Fundraising Registration Form

Fundraiser Details	
Title: First name:	Surname:
Name of organisation (if applicable):	
Address:	Postcode:
Daytime tel. number:	Mobile:
Email:	Website:
Fundraising Details	
Name of fundraising activity:	
Proposed date/timeframe:	
Address/venue (if applicable):	
Estimated number attending (if applicable):	
How much do you hope to raise: \$	
Are there any other organisations involved (include	ding sponsors, other charities or fundraisers)? Do
	r plan, how funds will be raised/solicitation for donations/sponsorship
Why have you chosen to support The Alfred?	
Is there a specific area of The Alfred that you are	fundraising for? Yes / No. If yes, please state area:
Agreement	
1. I, as laid out in The Alfred Foundation's Community	(fundraiser's name) have read and accept the terms and conditio y Fundraising Guidelines (enclosed).
	ccordance with those terms and conditions and in a professional mann on. I also accept my obligation to remit the funds raised to The Alfred in.
Signature:	
Name (please print):	Date [.]

Please return this form to The Alfred Foundation.

• PO Box 2021, PRAHRAN, VIC 3181 • tel 03 9076 3222 • fax 03 9076 2775 • email <u>foundation@alfred.org.au</u>