Third-Party Fundraising Application Form

Activity Organisers' Details

Contact Name:	
Organisation Name:	
Email:	
Telephone:	

Details of Fundraising Activity

Activity/Event Name:			
Proposed Date/s:		Time/s:	
Location:			
Activity Description:			
How can we support your activity?	☐ Use of Fitzroy Community Hospice (FCH) logo ☐ Social media promotion (on FCH pages) ☐ Receipting system: ☐ Online donation page ☐ Peer-to-peer fundraising page ☐ FCH register of donations (spreadsheet) ☐ Banners or other promotional items ☐ Speaker/representative to attend		

Declaration

1. I am authorised by my organisation to complete and submit this form (if applicable).
2. I agree to the terms and conditions attached to this application and indemnify Fitzroy Community Hospice (FCH) from and against any claim for injuries, damage or otherwise arising at or from the fundraising activity that is the subject of this application.
3. I agree to conduct this activity in a manner which upholds the integrity, professionalism, and values of FCH and agree that all promotion and publicity for the event must be approved by FCH prior to being released and/or printed.
4. I acknowledge that FCH reserves the right to withdraw approval for the fundraising activity any time, including if it believes any aspect of the proposed fundraising activity no longer fits within its fundraising guidelines.

Full Name: _____

Signature: _____ Date: _____

OFFICE USE ONLY:

Date received:_____ Authorised by:_____ LOA issue date: _____

Notes: _____

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