



Fundraising Application Form

Please complete the following application form and return it to: Fundraising Team, Women's Health Victoria, GPO Box 1160, Melbourne 3001.

Personal Details:

Contact Person: _____ Group/School/Organisation Name: _____

Address: _____ State: _____ Postcode: _____

Phone No: _____ Mobile: _____ Email: _____

Event Details:

Name of proposed event: _____ Event Location: _____

Address of Venue: _____

Date of event: ____/____/____ Time: Start: _____am/pm Finish: _____am/pm

Brief Description of fundraising activity, including how funds will be raised: _____

Authorisation

I, _____ fully understand and agree to comply with the terms of community fundraising as outlined in the Women's Health Victoria 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 for Women's Health Victoria within 14 days of the event conclusion.

Signature: _____ Date: ____/____/____

Please Note: Prior to publicising or conducting any event, you must obtain Women's Health Victoria's approval regarding your legal obligations.