



## FUNDRAISING PROPOSAL

Cancer Council ACT will not be involved in any event that promotes smoking.  
If you require additional space please attach extra sheets of paper.

Title of Event or Function: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

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

\_\_\_\_\_

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

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

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

**Other People Involved** (names of committee members and previous experience at fundraising and/or organising events)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Proposed Date and Time of Event** \_\_\_\_\_

**Venue** \_\_\_\_\_

**Address** \_\_\_\_\_

**Description of Event** (plan, aim, how funds will be raised, estimated number of people, timeline)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Estimated Total Income to Cancer Council ACT \$ \_\_\_\_\_

When will funds be sent to Cancer Council ACT? \_\_\_\_\_

Do you require Cancer Council ACT receipt books (book of 10) for official Cancer Council receipting?

No Yes (how many books?) \_\_\_\_\_

(Please note, you are only required to give receipts to those people that request them)

Will any other organisation benefit from the fundraising?

No Yes

Name \_\_\_\_\_

Will you need Cancer Council ACT's support or assistance

No Yes

Please specify \_\_\_\_\_

Have you raised funds for Cancer Council ACT before?

No Yes

When? \_\_\_\_\_

How? \_\_\_\_\_

Who did you deal with at Cancer Council ACT? \_\_\_\_\_

Do you want to use Cancer Council ACT logo?

No Yes

How? \_\_\_\_\_

You cannot use our name or logo in publicity for the event without approval from Cancer Council ACT. Approval will be given only for uses specified in discussions with Cancer Council ACT and will not extend to any other use.

**Personal Referee**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

I have read, and I agree to the fundraising rules and regulations of Cancer Council ACT and indemnify Cancer Council ACT from and against any claims for injuries or damage arising at or from the event that is the subject of this application.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Please return to: Fundraising and Events  
5 Richmond Ave, Fairbairn ACT 2609  
Phone 02 6257 9999 | Fax 02 6257 5055  
Email: [events@actcancer.org](mailto:events@actcancer.org)