



Australian Childhood Foundation FUNDRAISING REGISTRATION FORM

Name of Fundraiser Co-ordinator: _____

Organisation: _____

Contact Address: _____ Postcode: _____

Contact Phone: (H) _____ (W) _____ (M) _____ Fax: _____

Email Address: _____

EVENT DETAILS:

Date of Event (or approximate timeframe): _____

Event Venue: _____

Venue Address: _____ Post Code: _____

Name of proposed Event (e.g. "Good-times Festival"): _____

Brief details of Event: _____

Nature of donation (e.g. all proceeds of raffle, 75% of ticket sales, auction etc.): _____

Estimated donation to the Australian Childhood Foundation: \$ _____

(This does not mean you are guaranteeing to raise this amount. It is simply an estimated figure.)

What made you choose the Australian Childhood Foundation as the beneficiary of your fundraiser?

How did you hear about the Australian Childhood Foundation?

Please indicate which Australian Childhood Foundation resources your Event requires:

Resources	Details, ie. how many
Aust. Childhood Foundation Representative	3 weeks notice required
Posters	
Brochures	
Pins	
Capes	

Thank you for your support and we look forward to working with you to create a highly successful fundraising Event.

At the completion of your event please forward your cheque to:

The Australian Childhood Foundation
PO Box 525
Ringwood Vic 3134
ABN: 28 057 044 514

Or you can use our direct deposit facilities:

BSB 083153 A/C 568257060

Please note that the Australian Childhood Foundation is an authorized Deductible Gift Recipient (DGR)