



Community Fundraising Application Form

Fundraiser / Event Coordinator

Name/s: _____

Name of organisation (if applicable): _____ ABN: _____

Address: _____ Suburb: _____ Postcode: _____

Phone (work): _____ Phone (home): _____ Fax: _____

Mobile: _____ Email: _____

Event Information

Name of proposed event: _____

Date: _____ Time: _____

Location of event: _____

Please provide ALL relevant information about your event/activity/project, including how the money will be raised

raffle auction entry fee donations other _____

How do you plan to advertise your event/activity/project: _____

How many people do you expect to attend the event: _____

Which of the following best describes the type of fundraising you would like to undertake?

- | | |
|--|---|
| <input type="checkbox"/> Head Shave / colour | <input type="checkbox"/> Bicycle /Motorbike Ride |
| <input type="checkbox"/> Raffle | <input type="checkbox"/> Golf Day |
| <input type="checkbox"/> Donation box / collection tin | <input type="checkbox"/> Fun run / walk |
| <input type="checkbox"/> Work/ school charity day | <input type="checkbox"/> Sports Day |
| <input type="checkbox"/> Fete/bazaar/market | <input type="checkbox"/> Trivia Night |
| <input type="checkbox"/> Art/craft exhibition/sale | <input type="checkbox"/> Open Garden |
| <input type="checkbox"/> BBQ/luncheon | <input type="checkbox"/> Sale - % of proceeds |
| <input type="checkbox"/> Family Fun Day | <input type="checkbox"/> Vehicle Rally |
| <input type="checkbox"/> Auction / Dinner | <input type="checkbox"/> Bus Tour |
| <input type="checkbox"/> Charity Ball | <input type="checkbox"/> Fashion parade |
| <input type="checkbox"/> Entertainment/dance/music | <input type="checkbox"/> Other (please specify) _____ |

Budget Information

How much money do you plan to raise for MS Limited? _____

Will another organisation benefit from the fundraising? _____

What percentage of funds will be given to MS Limited? _____

Do you have or intend to seek public liability insurance for your event? Yes No

Budget Information con't

Proposed income		Proposed expenses	
Sponsorship	\$	Venue hire	\$
Ticket Sales	\$	Catering	\$
Donation	\$	Entertainment	\$
Other	\$	Promotional Material	\$
		Other	\$
TOTAL	\$	TOTAL	\$

MS Limited Support

I would like to request the following support / assistance from MS Limited:

- | | |
|--|--|
| <input type="checkbox"/> Borrow signage | <input type="checkbox"/> Donation Tins |
| <input type="checkbox"/> Raffle Books | <input type="checkbox"/> MS Ambassador at your event |
| <input type="checkbox"/> Use MS Limited logo | <input type="checkbox"/> Presence of MS website |
| <input type="checkbox"/> MS Limited brochures / literature | <input type="checkbox"/> Promotion to MS database |
| <input type="checkbox"/> Receipt books | <input type="checkbox"/> Volunteers to assist at event |

Support and assistance will be assessed on a case by case basis and will depend on anticipated crowd size, potential earnings and availability of guest speaker.

What we would like to know about you

Have you raised money for MS Limited before Yes No

Do you plan to hold fundraising events for MS on an ongoing basis Yes No Not sure

What is your motivation to raise funds for MS Limited: _____

Would you like to keep up to date with MS events Yes No

If yes would you prefer the information by Mail Email

Disclaimer and Fundraising Agreement

I accept the terms and conditions of the Fundraising Guidelines. I agree to conduct my event/activity/project in accordance with those terms and conditions and in a manner that upholds the integrity of Multiple Sclerosis Limited.

I have read and I agree to abide by the fundraising rules and Guidelines of Multiple Sclerosis Limited and indemnify Multiple Sclerosis Limited from and against any claim for injuries or damage arising at or from the project/event that is the subject of this application.

Does your organisation understand and agree that all publicity for the proposed event must be approved by Multiple Sclerosis Limited prior to being released and printed. Yes No

Signature (or signature of Parent / Guardian if under 18): _____ Date: _____

Please return completed Fundraising Proposal and Agreement to:

VICTORIA

Community Fundraising
Heather Rendell
MS Limited
54 Railway Road
Blackburn Vic 3031
Ph 03 9845 2710

NSW

Community Fundraising
Kerry Hill
MS Limited
293 Mowbray Road
Chatswood NSW 2141
Ph 02 9468 8345

ACT

Community Fundraising
Peter Hurford
MS Limited
Gloria McKerrow House,
117 Denison Street
Deakin ACT 2600
Ph 02 6285 2999

Office Use

Approved by: Project Manager, Events and Community Fundraising

Name: _____ Signature: _____

Date: _____