

Application to Fundraise

*Thank you for supporting RSL LifeCare and our programs
We appreciate your support*

Please read our fundraising guidelines before completing this application. All applications will be assessed within seven (7) business days. Once approved, you will receive a written authorisation to fundraise on our behalf.

I wish to fundraise for <i>(please tick)</i>	<input type="checkbox"/> RSL LifeCare <input type="checkbox"/> RSL DefenceCare Other: _____	<input type="checkbox"/> Homes for Heroes <input type="checkbox"/> Spur Equine program
Name of person organising the event/activity <i>(or representative)</i>		
Name of organisation <i>(if applicable)</i>		
Position within organisation		
Postal Address		
Email		
Telephone		
Name of activity/event		
Proposed date of event		
Start and finish times		
Location of event <i>(if applicable)</i>		
Number of proposed participants <i>(if applicable)</i>		
Description of activity/event including in detail how event will work <i>(use separate sheet if you need more space)</i>		
Have you raised funds for RSL LifeCare or any of its programs before? <i>(If yes, please detail)</i>		
How much do you hope to raise?		
How much do you expect it to cost? <i>(guideline no more than 30% of funds raised)</i>		
Why have you chosen to support RSL LifeCare?		
How do you intend to promote the fundraiser?		
Will you be raising money for any other organisation/s at the event? <i>(if yes, please provide details)</i>		
Names of current or intended sponsors supporting the event. <i>(if yes, please provide details)</i>		

(Please use a separate sheet if insufficient space)

Declaration

- I declare that all information provided to RSL LifeCare in this proposal is true and correct.
- I have read carefully the Fundraising Guidelines provided and agree to abide by them at all times.
- I confirm that by signing this Application to Fundraise, I am acting on behalf of and with the authority and power to bind those individuals and organisations named as the Fundraiser.
- I/we confirm that my/our proposed fundraising activity complies with all relevant legislative and local government requirements and that all appropriate permits, licenses and insurance for fundraising in the state and/or territory where the activity is to be held will or have been obtained.
- I confirm I/we will not exploit the position as a Fundraiser and/or the association with RSL LifeCare or any of its programs for personal gain.
- I/we agree that all personal and sensitive information associated with the proposed fundraising activity will be handled in accordance with all relevant privacy legislation.
- I/we confirm that any fundraising activity costs shall at all times be held to a percentage of revenue which is generally acceptable within the not-for-profit sector and by the public. The guideline percentage split is 70/30 – overall activity revenue to activity costs. I/we will ensure that financial and activity reports are made available to the public, including the amounts raised, how it was spent, and the net proportion donated to RSL LifeCare or any of its programs.
- I/we confirm that any monies raised or donated during the fundraising activity will be returned to RSL LifeCare within the specified timeframe.
- I/we agree to seek permission to use the RSL LifeCare or any of its programs name or logo on materials relating to the fundraising activity and will submit any artwork developed for approval.
- I/we agree not to align RSL LifeCare or any of its programs with any pharmaceutical, tobacco or alcohol organisations in relation to the fundraising activity.
- I/we give consent for photographs or other information I provide from the event to be published online or in publications by RSL LifeCare.

Name

Position

Signature

Date