

COMMUNITY FUNDRAISING REGISTRATION FORM

Business or Community Fundraiser Details:

Title: _____ First Name: _____ Surname: _____

Address: _____

Daytime Telephone: _____ Mobile: _____

Email: _____ Website: _____

Fundraising Details:

Name of Event/Fundraising Activity: _____

Proposed date/timeframe: _____

Address/Venue (if applicable): _____

Estimated number attending (if applicable): _____

How much do you hope to raise: \$ _____

Are there any other organisations involved including sponsors, other charities or fundraisers? _____

Do you require collection tins? Yes / No (please circle)

If yes, please call Northern Health Foundation on (03) 84052897 for further information.

Tell us briefly about your fundraising activity including how you plan to raise funds, donations and sponsorship and attach any relevant fundraisings materials you have developed:

Why have you chosen to support Northern Health Foundation? _____

Is there a specific area of Northern Health that you are fundraising for? If so please detail your area of interest.

Agreement:

1. I, _____ fundraisers name, have read and accept the terms and conditions as detailed in the Northern Health Foundation's Community Fundraising Guidelines.

2. I agree to conduct my fundraising activity in accordance with our terms and conditions and in a professional manner which upholds the vision, mission and values of the Northern Health Foundation. I also accept my obligation to bank the funds raised to Northern Health Foundation within 30 days of the conclusion of your fundraising campaign or event.

Signature: _____ (I am over 18 years of age).

Name (Please Print): _____ Date: _____

Please return this form to:

Northern Health Foundation, Northern Hospital Foyer, 185 Cooper Street, EPPING VIC 3076.

Telephone: (03) 8405 2897

Email: northernhealthfoundation@nh.org.au