

Fundraising Proposal Form

Royal Flying Doctor Service

Thank you for your support of the Royal Flying Doctor Service. Please complete this form and return it to your Community Fundraising Coordinator to receive your RFDS Community Fundraising Pack and Authorisation to Fundraise form.

Name: _____

Organisation (if relevant): _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: Hm () _____ Wk () _____ Mob _____

Fax: () _____ Email: _____

Please provide a brief outline of your proposed fundraising activity:

(The way in which you will be fundraising: eg. raffle, sponsorship, collecting donations, etc.)

Title of fundraising activity: _____

Venue: _____

Date: _____ Finish Date: _____ Time (if relevant): _____

Estimated number of participants: _____

Have you previously fundraised for the RFDS? If yes, please provide details of previous fundraising.

Will you be seeking corporate support for your fundraising initiatives?

Why have you chosen to raise money for the RFDS?

Will you be seeking Media support for your fundraising activities?

Please provide information on how the income/ proceeds will be allocated to the RFDS:

100% to the Royal Flying Doctor Service Income less costs Other: _____

Donations to the Royal Flying Doctor Service must be returned with donor contact details so tax-deductible receipts can be issued. You can read more about this in your Fundraising Guidelines.

The Royal Flying Doctor Service has established guidelines to ensure that your fundraising activity complies with regulations and upholds RFDS principles. Please confirm the following by ticking the appropriate box:

	Yes	No
I/ We have read the RFDS Fundraising Guidelines and agree to abide by them at all times	<input type="checkbox"/>	<input type="checkbox"/>
I/ We agree not to use the RFDS logo without the appropriate authority	<input type="checkbox"/>	<input type="checkbox"/>
I/ We agree not to accept tobacco company sponsorship, donations or in-kind support	<input type="checkbox"/>	<input type="checkbox"/>
I/ We agree not to be involved in illegal activity, violence, aggression or undue risk taking	<input type="checkbox"/>	<input type="checkbox"/>
Do you have Public Liability Insurance? (If yes, please attach a copy of your Policy)	<input type="checkbox"/>	<input type="checkbox"/>
I/ We indemnify the RFDS from liability incurred by the RFDS as a result of a claim arising from an incident in relation to an activity conducted by me/ us	<input type="checkbox"/>	<input type="checkbox"/>
I/ We agree to contact the RFDS before approaching organisations for sponsorship	<input type="checkbox"/>	<input type="checkbox"/>

I declare that all details on this form are correct to the best of my knowledge

Name: _____ Position: _____

Signature: _____ Date: _____

The Royal Flying Doctor Service respects your privacy and has embraced the National Privacy Principles. We will only use the information provided for the purpose of administering our programs. If you have any questions about our privacy, please telephone (08)9417 6400.