

COMMUNITY FUNDRAISING PROPOSAL & AGREEMENT

Fundraiser/Organiser Information		
Name(s):		
Name of organisation:		
Address:	Suburb:	Postcode:
Phone:	Mobile:	
Fax:	Email:	
Website <i>www.</i>		
Name of personal referee:		Relationship:
Referee address:		Phone:
Have you ever raised funds for Hands for Hope?		Yes/No
Have you ever raised funds for other charities?		Yes/No
If yes, please specify which organisation:		
Why have you chosen to support Hands for Hope?		
Fundraiser/event Information		
Please tell us briefly about your fundraiser/event		
Name of fundraiser/event:		
Proposed date/time frame of fundraiser/event:		
Proposed venue of fundraiser/event:		
How do you intend to raise the funds?		
Targeted audience of fundraiser/event:		
Who will be coordinating the fundraiser/event?		
Do you have any sponsors for the fundraiser/event?		Yes/No
If yes, please specify all your sponsors:		
Do you have (or intend to obtain) public liability insurance for the fundraiser/event?		Yes/No
Please provide any additional relevant information about your fundraiser/event:		

Hands for Hope Support

Please let us know what support/assistance you require from Hands for Hope

- | | |
|--|---|
| <input type="checkbox"/> Use of Hands for Hope's name and/or logo | <input type="checkbox"/> Display materials (if available) |
| <input type="checkbox"/> Hands for Hope brochures and/or newsletters | <input type="checkbox"/> Donation tins (if available) |
| <input type="checkbox"/> Hands for Hope member to attend your event | <input type="checkbox"/> Other (please specify): |

Budget Information

Please complete the budget below using your most accurate estimations

Estimated expenditure: \$

Estimated income: \$

What % of income will be given to Hands for Hope? \$

Will another organisation benefit from the fundraiser/event? Yes/No

If yes, please specify which organisation:

Disclaimer and Fundraising Agreement

In consideration of my application being accepted by Hands for Hope, Ihereby:

1 represent and warrant to Hands for Hope that:

- all the information I have provided in this application and true and correct;
- I have the power and capacity to enter into this Agreement and have obtained all necessary consents to do so;
- I accept the terms of Hands for Hope's Fundraising Guidelines, and agree to conduct the fundraiser/event in accordance with them;
- I will conduct the fundraiser/event in a manner which upholds the integrity, professionalism and values of Hands for Hope; and
- I am in a fit and proper physical and mental condition to participate in the fundraiser/event; I am aware of the risks involved in participating in the fundraiser/event and voluntarily agree to assume those risks;

2 release and indemnify Hands for Hope and its representative (including officers, volunteers and sponsors) from and against all damages, losses, liabilities or claims whatsoever arising out of or referable to the fundraiser/event that is the subject of this application, including any loss of or damage to property and death or injury to any individual; and

3 acknowledge that Hands for Hope may withdraw its approval for the fundraiser/event at any time if it believes that the fundraiser/event no longer complies with its Fundraising Guidelines.

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

Signature:

Full name:

Date:/...../.....

Please return completed form to: Hands for Hope, PO Box 809, SUNSHINE MDC VIC 3020 or h4h@handsforhope.org.au

**Thank you for supporting Hands for Hope –
your important contribution will assist underprivileged children
to break out of the poverty cycle**