

# Fundraising Proposal



## Fundraiser/Event Organiser

Title (Mr, Mrs, Ms, Miss) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_

Name of organisation (if applicable) \_\_\_\_\_

ABN (if applicable) \_\_\_\_\_ Website www. \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ Phone (daytime) \_\_\_\_\_ (mobile) \_\_\_\_\_

Email \_\_\_\_\_

Have you ever raised funds for The Australian Cancer Research Foundation before?  Yes  No

## Event Information - attach separate page if insufficient space

1. Name of fundraiser/event \_\_\_\_\_

2. Brief description of the fundraiser/event (including operational details & venue or location)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Proposed date/timeframe of your fundraiser

\_\_\_\_\_

4. Why did you choose to raise funds for the Australian Cancer Research Foundation?

- Support ACRF in its mission to beat cancer  Interested in fundraising  
 I have been personally affected by cancer  To be involved with a community event  
 Relative or friend affected by cancer  Other \_\_\_\_\_  
 To gain event experience

5. Do you plan to hold fundraising activities for ACRF on an ongoing basis?

- Yes  Unsure  No

6. How much money do you aim to raise for the ACRF? (Required Field) \$ \_\_\_\_\_

7. Will another organisation jointly benefit from the fundraising?  No  Yes

If yes, please state which organisation & approx. % of funds

\_\_\_\_\_

Signature (To be signed by the parent/guardian if the fundraiser is under 18 years of age)

\_\_\_\_\_ Date: \_\_\_\_\_