

# 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)

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3. Proposed date/timeframe of your fundraiser

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

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|---|--|
| <input type="checkbox"/> Support ACRF in its mission to beat cancer | <input type="checkbox"/> Interested in fundraising             |
| <input type="checkbox"/> I have been personally affected by cancer  | <input type="checkbox"/> To be involved with a community event |
| <input type="checkbox"/> Relative or friend affected by cancer      | <input type="checkbox"/> Other _____                           |
| <input type="checkbox"/> 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

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

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