

FUNDRAISING PROPOSAL FORM

Contact Details

Title: _____ First Name: _____ Surname: _____

Name of Organisation: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone Number: _____ Email: _____

Details of Activity

Name of fundraising activity: _____

Description of activity: _____

Start date: _____ Finish date: _____ Time (if applicable): _____

Address of activity: _____

How will funds be raised? _____

Financials for Activity

Estimated Income: \$ _____ Estimated Expenses: \$ _____

Please note expenses must be < 50% of the total expected income to be eligible for approval (eg: If raising \$500 expenses must not exceed \$250)

Estimated donation to Little Wings: \$ _____

How can Little Wings Support

To support my fundraising event or activity, please provide us with:

Donation Buckets _____* Flyers _____ Merchandise _____

*Each donation bucket is labelled with a unique serial number and must be returned to Little Wings after use.

Marquee _____ Banners _____ Speaker at event _____

Authorisation

I hereby acknowledge that I will be undertaking a fundraising activity that will benefit Little Wings Limited. I agree to deposit funds received within 30 days of the fundraiser completed. I agree that details of my event or activity may be made available for Little Wings business including web site, social media, newsletters, newspapers and other promotional material.

Name: _____ Signature: _____ Date: _____

Please return this completed form to info@littlewings.org.au Once your fundraising event or activity has been approved, you will be issued with an Authority to Fundraise letter including terms and conditions of fundraising, along with any materials required to start your fundraising.

Thank you for your support in raising awareness and funds for Little Wings.