



diabeteswa

Freedom from Diabetes

Fundraising Proposal and Agreement

1. Fundraising Activity Coordinator Details

Title	First Name:	Surname:
Organisation (if applicable):		
Job Title:		
Address:		Suburb:
Postcode:	Phone:	Mobile:
Email:		
Brief Description of Organisation:		
Have you raised funds for Diabetes WA previously? YES NO		
If yes, please give details:		
What has inspired you to raise funds for Diabetes WA?		

2. Fundraising Activity Details

Name of fundraising activity:
Description of fundraising activity:
Proposed date / timeframe of activity:
Address / venue of activity:
Estimated amount of funds to be raised:
Estimated number of people attending (if applicable):
Details of how the funds will be raised (i.e. ticket sales, auction):
How do you plan to promote your activity?
Will other organisations be benefiting from the activity? YES NO
If yes, please state which organisations and what percentage of donations:

Please provide information on a separate sheet if you have insufficient space to complete the form.



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3. Disclaimer and Fundraising Agreement

1. I, _____ (*fundraising activity coordinator's name*) have read and agree to abide by the Diabetes WA Fundraising Guidelines and indemnify Diabetes WA from and against any claims for injuries or damage arising at or from the fundraising activity that is the subject of this application.
2. I confirm that the information provided in this Fundraising Proposal and Agreement is true and correct.
3. I agree to conduct my fundraising activity _____ (*name of fundraising activity*) in accordance with those terms and conditions and in a manner that upholds the integrity, professionalism and values of Diabetes WA.

Signature:

Name (please print):

Date:

If under the age of 18 please have a parent/guardian sign on your behalf.

Diabetes WA reserves the right to withdraw its approval for the fundraising activity at anytime if it appears that there is a likelihood of the Fundraiser failing to adhere to any of the terms and conditions outlined in the Diabetes WA Fundraising Guidelines.

Please note that this Fundraising Proposal and Agreement has not been accepted or endorsed by Diabetes WA until it has been signed by the Diabetes WA CEO and a copy has been returned to the Fundraising Activity Coordinator.

Diabetes WA CEO

Signature:

Name (please print):

Date: