

Authority to Fundraise Application Form



This form must be filled out and returned to Blue Light Victoria prior to commencement of any fundraising activities.

Name of person organising activity: _____

Name of organisation (if applicable): _____

Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Postal Address (if different from above): _____

Phone: _____ Email: _____

Title of Event/Activity: _____

Proposed date of Event/Activity: _____

Proposed Venue of Event/Activity: _____

Venue Address: _____

Suburb: _____ State: _____ Postcode: _____

Venue Contact: _____ Phone: _____

Start/Finish time of Event/Activity: _____

Brief description of Event/Activity: _____

Proposed number of attendees: _____

Total estimated income generated: _____

Total estimated expenses: _____

Portion of the above income to be donated to Blue Light Victoria (after expenses): _____

Proposed means of raising funds to be donated to Blue Light Victoria: _____

Any other charities benefitting from the Event/Activity: _____

If so, which charities?: _____

Declaration: I hereby declare that the information I have provided to Blue Light Victoria in the above form is true and correct. I have read and understand the Fundraising Guidelines and agree to abide by all conditions therein. I agree to act in a professional manner and uphold the integrity and values of Blue Light. I understand that Blue Light Victoria reserves the right to withdraw support for my event/activity if I am in found to be in breach of the Fundraising Guidelines.

Print Name: _____

Signed: _____

Date: _____

Return your Authority to Fundraise Application Form to:

fundraising@bluelight.org.au
or post to
Blue Light Fundraising Team
PO Box 2060
Spotswood VIC 3015

ABN: 57 722 960 386