

# Community Fundraising Event Application Form

## Details of Proposed Fundraiser (your details)

\_\_\_\_\_  
 First Name | Surname

\_\_\_\_\_  
 Phone Number (daytime) | Mobile | DOB (Must be 16 years or over)

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 Suburb | Postcode

**Are you raising funds as**  Individual  Community Group  School  Organisation/Workplace

\_\_\_\_\_  
 Name of Group, School or Organisation | Relationship to Group

## Reason for supporting Perth Children's Hospital Foundation

We would love to hear your reason for choosing Perth Children's Hospital Foundation as a beneficiary of your fundraising event.

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

## Details of your Fundraising Event

\_\_\_\_\_  
 Name of Fundraising Event | Start Date | End Date (enter same day if one-day event)

\_\_\_\_\_  
 Venue/Location | Number of people expected

Please provide a a brief outline of your proposed Fundraising Event including how funds will be raised

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

Will any other charity be benefitting from this fundraising event?  Yes  No

\_\_\_\_\_  
 If Yes, what is the name of the Charity? | Percentage split | Fundraising Target

Will you be promoting your event in the media?  Yes  No

Please keep me updated on how my support is making an impact, along with Perth Children's Hospital Foundation activities by email, post and/or telephone. By checking this box, you will receive information about how your support is giving kids a chance, along with other opportunities to get involved in events, campaigns and activities. You can access our full Privacy Policy at pchf.org.au or by calling us on (08) 6456 5550.

## Terms and Conditions

I have read and agree to abide by Perth Children's Hospital Foundation's **Fundraising Terms and Conditions.**

Please submit this completed form to Sarah McNamara,  
 Community Fundraising Manager • sarah.mcnamara@pchf.org.au  
 pchf.org.au