



AUTISM SA Application to Conduct a Fundraising Activity:

Fundraising Activity Organiser – Contact Details:

Thank you for your interest in supporting Autism SA – this is greatly appreciated. The application process and guidelines have been developed to assist you hold a successful fundraising activity, while ensuring the integrity of Autism SA’s brand, vision and mission.

Activity Organiser Contact Name: _____

Organisation (if applicable): _____

Postal address: _____

_____ Post Code: _____

Daytime Telephone Number: _____ Mobile: _____

Email: _____ Fax Number: _____

Reason for wishing to conduct a fundraising activity for Autism SA: _____

Details of the Fundraising Activity (Please tick the most appropriate box(es):

- | | |
|--|---|
| <input type="checkbox"/> Collection of Donations | <input type="checkbox"/> Quiz Night |
| <input type="checkbox"/> Collection Box | <input type="checkbox"/> Ball/Dinner Dance |
| <input type="checkbox"/> Casual Day | <input type="checkbox"/> Autism SA Merchandise Sales <small>(see enclosed order form)</small> |
| <input type="checkbox"/> Car Boot Sale | <input type="checkbox"/> Family Fun Day |
| <input type="checkbox"/> Art Exhibition | <input type="checkbox"/> Bike Ride |
| <input type="checkbox"/> Badge Sales | <input type="checkbox"/> Car Rally |
| <input type="checkbox"/> Golf Day | <input type="checkbox"/> Lottery/Raffle |
| <input type="checkbox"/> Fun Run/Walk | <input type="checkbox"/> BBQ |
| <input type="checkbox"/> % of Sale of Products | |
| <input type="checkbox"/> Other: | |

Name of Activity: _____

Activity will occur from _____ to _____ inc. Time(s) _____

Location of Activity: _____

If you are planning to approach sponsors/donors, please supply a list of those organisations to avoid possible doubling up of requests from Autism SA.

Budget for Your Activity:

Please budget carefully and keep detailed records of all income and expenditure as well as all receipts and invoices associated with the event.

What **gross** income are you planning to achieve from your fundraising activity? \$ _____

What expenditure have you budgeted for? \$ _____

Projected Net Profit \$ _____

Percentage of Net Profit to Autism SA _____ %

Support for Your Activity from Autism SA:

Autism SA will endeavour to support your event as much as possible but items requested are subject to availability. Please indicate your wishes below:

- Use of Autism SA Logo
- Information Brochures
- Attendance by Autism SA Rep.
- Advertising on Autism SA Website
- Collection Tins
- Signage / Banners / Balloons
- Autism SA Volunteer Assistance
- Promotion via Social Media & InfoMail

Other: _____

Declaration:

I have read Autism SA’s fundraising guidelines and understand them. I will take responsibility for upholding the name, image and brand of Autism SA and will conduct the fundraising activity in accordance with the guidelines. I understand that Autism SA has the right to withdraw support for this activity at any time should they feel the guidelines are not being followed.

I have considered all possible risks associated with this proposed activity. I understand that I, or anybody involved with the fundraising activity, cannot claim against Autism SA, its staff or volunteers for any damage to property or personal injury incurred directly or indirectly through conducting this activity.

I agree to provide Autism SA a full statement of account for the Fundraising Activity, including receipts and expenses, and that I am responsible for any financial losses or debts created by that activity.

Signature: _____ Print Name: _____

Date: _____

Please return this form to: Partnerships and Events Coordinator, Autism SA, PO Box 304, MARLESTON DC SA 5033 or by fax to (08) 8338 1216. Please contact (08) 8379 6976 for further information.

OFFICE USE ONLY	
Event Approved: Y N	Event Number: _____
Letter of Authority sent: _____	LoA Returned: _____