



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"/> Casual Day | <input type="checkbox"/> Ball/Dinner Dance |
| <input type="checkbox"/> Car Boot Sale | <input type="checkbox"/> Autism SA Merchandise Sales <small>(see enclosed order form)</small> |
| <input type="checkbox"/> Family Fun Day | <input type="checkbox"/> Art Exhibition |
| <input type="checkbox"/> Badge Sales | <input type="checkbox"/> Bike Ride |
| <input type="checkbox"/> Golf Day | <input type="checkbox"/> Car Rally |
| <input type="checkbox"/> Fun Run/Walk | <input type="checkbox"/> Lottery/Raffle |
| <input type="checkbox"/> % of Sale of Products | <input type="checkbox"/> BBQ |
| <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 a possible doubling up of requests from Autism SA.

