



Please send all correspondence to:
PO Box 3217
Broadmeadows Vic 3047
Tel: (03) 9351 3600
Fax: (03) 9309 9319
Web: www.lentarauc.org.au
ABN: 28 576 417 001

Community Fundraising Application Form

CONTACT DETAILS:

Organisation Name(If applicable) _____

Contact Name _____

Address _____

Email Address _____

Contact Number _____

How did you hear about Lentara UnitingCare
.....
.....

Why have you chosen to fundraise for us?
.....
.....

FUNDRAISING DETAILS:

Briefly describe your proposed fundraising, what you aim to achieve and why:
.....
.....
.....

How funds will be raised:
.....
.....

Name of fundraising event:.....

Date:..... Time:.....

Location: Postcode:.....

Will any other organisations benefit from this fundraising activity?
YES / NO (if yes, please list)
.....

BUDGET

Estimated total funds that will be raised: \$.....

Estimated funds to be donated to ASRC: \$.....

WHAT HELP DO YOU NEED FROM LENTARA UNITINGCARE?

We will do our best to provide what you indicate below with reasonable notice:

General Brochure	YES / NO	Qty.....
A representative to attend OR speak	YES / NO	
Inclusion in the monthly newsletter	YES / NO	
Social media posting	YES / NO	
Event posting on our website	YES / NO	
Approval of media/press releases	YES / NO	
Use of Lentara UnitingCare logo	YES / NO	
Pull Up Banners	YES / NO	
Ticket Sales via our Website	YES / NO	

If yes, please outline the proposed use
.....

Other.....

TERMS AND CONDITIONS

By publicly naming Lentara UnitingCare as the beneficiary of your fundraising, you are required to donate the net proceeds raised. By signing below, you agree that Lentara UnitingCare will receive all proceeds from your fundraising within 14 days of its conclusion.

Signature:

Name:

Date:

Please forward your completed form to Lentara UnitingCare Fundraising team

Email: events@lentarauc.org.au

Post: P.O. Box 3217, Broadmeadows Victoria 3047

Thank you!