

226 Service Street Echuca VIC 3564 Phone: (03) 5485 5000

Fundraising Activity Application Form

Thank you for choosing to fundraise and support Echuca Regional Health (ERH). This application must be approved by ERH prior to publicising or holding the

Application Date:

activity. Individual/Group/Company planning the activity (and ABN if applicable) Name of individual responsible Mailing address Telephone **Email** Name of proposed activity Fundraising activity details Proposed date Proposed time **Activity location** Address

Briefly describe the activity and how the funds will be raised. Where applicable, include ticket price, estimated number of ticket sales, prizes to be offered, marketing and publicity plans etc.



List names and contact details of other key people involved in organisi activity.	ng your
Please supply us with any background material that you think may be for ERH to know. We can use this information to assist you with your a example is this an annual activity, details of past activities).	•
What is the estimated donation to ERH and how will you calculate your □ 100% revenue to ERH. □ Income less expenses to ERH. □ Proceeds to be shared with another organisation. If so, please repercentage to ERH and state name of other organisation.	J



I/we declare that all details on this form are correct to the best of my knowledge and confirm that I/we:

- Have read the ERH Fundraising Guidelines and agree to abide by them at all times.
- Have attached a summary income and expenditure plan for the activity.
- Agree not to use the ERH brand or logo without the appropriate authority.
- Agree to contact ERH before approaching organisations for sponsorship.
- Have public liability insurance.
- Indemnify ERH from any liability incurred as a result of a claim arising out of an incident in relation to the activity conducted by me/us.

Signature of applicant/s				
Please print name/s	Date			
Please complete, sign and return the appli	ication form to:			
Michelle Scali				
Executive Administrator				
Echuca Regional Health				
226 Service Street				
ECHUCA 3564				
03 54 855 037				
fundraising@erh.org.au				

For ERH Use Only	Approved/Not Approved Date	



Summary Income and Expenditure Plan

Activity name

(Examples shown, please list other relevant items)

Proposed Budget				
Income	\$ Amount	Expenses	\$ Amount	
Donations		Advertising		
Ticket Sales		Catering		
Sponsorship		Beverage		
Auction		Insurance		
Raffle		Printing and		
		publishing		
		Prizes		
		Promotional material		
		Venue hire		
Total Income	\$	Total Expenses	\$	
		Total Profit	\$	
		Total donation	\$	
		to ERH		