



Application to conduct a fundraising activity

Thank you for your interest in supporting Autism SA – your support helps us to make a world of difference! This application process has been developed to assist you to hold a successful fundraising activity while ensuring the integrity of Autism SA’s brand, vision and mission.

Your details

Activity organiser contact name: _____

Organisation (if applicable): _____

Postal address: _____

Post Code: _____ Phone: _____

Email: _____

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

Details of the fundraising activity

- Collection of donations
- Casual Day
- Event (please specify): _____
- % Sale of products (please specify): _____
- Other: _____

Activity name: _____

Activity date(s): _____

Activity time: _____

Activity location: _____

Please detail below any support or information you would like from Autism SA in order to conduct your fundraising activity:



Declaration

- I will take responsibility for upholding the name, image and brand of Autism SA. I understand that Autism SA has the right to withdraw support for this activity at any time should the name, image and brand not be upheld.

- 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, it's 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 _____ Date _____

Print name _____

Please return this form to asamarketing@autismsa.org.au.