



# Authority to Fundraise Application Form

Thank you for considering the Australian Gynaecological Cancer Foundation (AGCF) for your fundraising activity. We greatly appreciate your support. To receive an authority to fundraise on behalf of AGCF, please complete this form. Completed forms can be emailed to [info@agcf.org.au](mailto:info@agcf.org.au). If approved, you will be sent an Authority to Fundraise letter.

Please allow one week for your application to be processed.

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Title of the proposed activity (Activity name):

Proposed date of fundraising activity:

Where do you intend to hold the activity?

Name of group/individual/company planning the activity (the Community fundraiser) - please list each of the people responsible for the activity:

If a company, please state your ABN:

Mailing address:

State:

Postcode:

Phone of primary contact:

E-mail:

What type of fundraising activity are you proposing? (For example, a trivia night or casual dress day):

Please provide a brief outline of your proposed activity:

Why would you like to raise funds for AGCF?

How many people do you expect to attend?

Will all proceeds go to AGCF?

Yes  No

If no, please list the other organisations that will benefit (and percentage split):

Does the activity require public liability insurance? (If yes, please forward a copy of the Certificate of Currency of your public liability insurance with this application)

Yes  No

Will the activity be held in more than one state or territory?

Yes  No

If yes, which states or territories?

NSW  ACT  VIC  QLD  SA  WA  NT  
 TAS

Will you be seeking corporate sponsorship for the activity?

Yes  No

Please confirm the following:

I have read the AGCF Guide to Fundraising and agree to abide by them at all times. I confirm that by signing this application, I am acting on behalf of and with the authority and power to bind those individuals and companies named as the fundraiser. I confirm that my proposed fundraising activity complies with all relevant legislative and local government requirements and that all appropriate permits, licenses and insurance for fundraising in the state and/or territory where the activity is to be held will or have been obtained. I will not exploit the position as a fundraiser and/or the association with AGCF for personal gain. I agree that all personal and sensitive information associated with the proposed fundraising activity will be handled in accordance with all relevant privacy legislation. I confirm that any monies raised or donated during the fundraising activity will be used for the stated purpose for which they were raised and within any specified timeframe. I agree to seek permission to use the AGCF name or logo on materials relating to the fundraising activity. I agree not to align AGCF with any tobacco organisations in relation to the fundraising activity. I give consent for photographs or other information I provide from the event to be published online or in publications by AGCF.

I confirm that I have read and understood the above requirements and I agree, on my own behalf, and on behalf of those named as the fundraisers, to comply with them.

Signed for and on behalf of the fundraiser:

Date:

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Please email completed form to [info@agcf.org.au](mailto:info@agcf.org.au)

Thank you for supporting the Australian Gynaecological Cancer Foundation.