

COMMUNITY FUNDRAISING APPLICATION FORM

FUNDRAISER INFORMATION		
Name(s) of organiser:		
Name or organisation (if applicable):		
Address:		
Suburb:	State:	Postcode:
Mobile number:	_	
Home number:	_	
Email:		
Company website (if applicable):		
Please select the correct response.		Yes / No
I confirm that I am 18 years or older.		
Have you previously raised fund for the benef	it of Islamic Relie	ef Australia.
Do you intend to hold this activity/event annu	ıally?	
I would like to receive updates on IRAUS' proj	ects, events and	news.
What has motivated you to raise funds for Isla	amic Relief Austra	alia?
<u> </u>		
FUNDRAISER DETAILS: What is your plan to r Name of fundraising event:	aise funds for Isl	amic Relief Australia?
Name of fundraising event.		
Date of your activity/event:		
Is this an ongoing activity/event?		
Address/venue of the fundraiser:		







Estimated number of people attending:
How do you intend to promote your fundraiser?
Fell us briefly about your fundraiser, what you are planning, what campaign you are supporting, how funds will be raised, etc.
BUDGET INFORMATION
How much money do you hope to raise for Islamic Relief Australia? \$
Estimated expenditure: \$
Will another organisation benefit from the fundraising in addition to Islamic Relief Australia? Yes No
f yes, please state which organisation(s)
What percentage of funds will be given to Islamic Relief Australia?
SLAMIC RELIEF BRANDING would like to request the following from Islamic Polief Australia:

PROMOTIONAL REQUIREMENTS

Use of 'In support of' Islamic Relief logo. Islamic Relief video to be played at my event.

We would love to discuss your promotional requirements with you. Please contact our community fundraising team on **1300 308 554** or email info@islamicrelief.org.au so we can provide the support you need to successfully carry out your fundraiser.







AGREEMENT

Once you are satisfied that you understand and are familiar with the Islamic Relief Australia (IRAUS) Fundraising Guidelines, please complete and sign this agreement form for **Authority to Fundraise** and return it to us at:

Islamic Relief Australia Shop 2, 6-14 Park Road Auburn NSW 2144

Or scan and email it to: info@islamicrelief.org.au

Please note that you cannot commence fundraising on behalf of IRAUS without approval of this application. Only when you have received the formal notification and authority to fundraise can you proceed with fundraising.

IRAUS reserves the right to withdraw approval to fundraise, should the fundraising event/initiative become high risk or a conflict of interest. If this was to occur, all fundraising and promotion must cease immediately. In such case, the Letter of Authority to Fundraise and all monies raised must be returned to IRAUS within 14 days.

By signing below, you hereby agree to the content, agreement and guidelines within this fundraising toolkit. If the fundraiser is below the age of 18, this form must also be signed by a guardian.

Name.		Guarulan S name.		
Signature:		Guardian's Signature:		
Date:		Date:		
OFFICE USE ONLY Signed by IRAUS:				
Name:Positi	ion:			
Signature:	_ Date:			
OFFICE USE				
Authority application approval letter dated:				
Authority application form code:				



