



## Fundraising Proposal

### Fundraiser/Event Organiser

Title (Mr, Mrs, Ms, Miss) \_\_\_\_\_  
Name \_\_\_\_\_  
Name of organisation (if applicable) \_\_\_\_\_  
ABN (if applicable) \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_ Phone (h) \_\_\_\_\_ (b) \_\_\_\_\_ (mob) \_\_\_\_\_  
Email \_\_\_\_\_ Website www. \_\_\_\_\_

Have you ever raised funds for The Australian Cancer Research Foundation before?  Yes  No

### Event Information – attach separate page if insufficient space

1. Name of fundraiser/event

\_\_\_\_\_

2. Brief description of the fundraising activity or event / operational details / venue or location of activity or event

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Proposed date / timeframe of your fundraiser

\_\_\_\_\_

4. Why did you decide to raise funds for the Australian Cancer Research Foundation (*please choose one*)

Support ACRF in its mission to defeat  
cancer  
I have been personally affected by cancer  
Relative or friend affected by cancer

To gain event experience  
Interested in fundraising  
To be involved with a fun community event  
Other \_\_\_\_\_

5. Do you plan to hold fundraising activities for ACRF on an ongoing basis?

Yes  Unsure  No

6. If running an event, would you like an ACRF representative at your fundraising function?

Yes  Unsure  No

7. How much money do you aim to raise for the ACRF? \$ \_\_\_\_\_

8. Will another organisation jointly benefit from the fundraising?  No  Yes

If yes, please state which organisation & approx. % of funds.

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_