***Help*ie Community Fundraising Form**

This form is to be completed by any school, service, parish or community group, who hosts a **fundraiser** for Anglicare, which raises over $2. All fundraising is to be banked via Head Office and receipted via Head Office. Once completed, this form is to be sent to Tiffany Berg, Head of Fundraising and Events, at [tberg@anglicaresq.org.au](mailto:tberg@anglicaresq.org.au), for processing and approval.

**\*PLEASE NOTE FOR SERVICES: FOR FUNDRAISING EVENTS, THIS FORM IS TO BE APPROVED BY YOUR GROUP MANAGER, PRIOR TO SENDING TO FUNDRAISING.**

**Contact Information**

|  |  |
| --- | --- |
| First Name: Surname: | |
| Service/Parish/School/Community Group Name: | |
| Business Address: | |
| Phone: (Business) | |
| Mobile: | Email: |

**Event or Activity Information**

Name of fundraising activity or event: Fundraising activity or event date:

|  |  |
| --- | --- |
|  |  |

What type of fundraising activity are you proposing? *(Example, morning tea, trivia night, Bunnings BBQ)*

|  |
| --- |
|  |
|  |

Where do you intend to hold the activity or event? *(Please provide the venue address.)*

|  |  |  |
| --- | --- | --- |
| Venue Address: | | |
| Suburb: | State: | Postcode: |

How do you intend to raise the funds?

|  |
| --- |
|  |

Does the activity or event require Public Liability Insurance? **□** Yes **□** No

**Please note: for events that require Public Liability Insurance, I will forward you the current Certificate of Currency for The Anglican Diocese of Brisbane.**

Which service or branch is hosting this fundraising event?

|  |
| --- |
|  |



**Authorisation and Declaration**

I.................................................. fully understand and agree to comply with the terms and conditions as outlined in the Anglicare Southern Queensland Community Fundraising Guidelines. I agree to act in a professional manner in conducting the fundraising activity and uphold the values and the integrity of Anglicare. I also accept my obligation to remit the funds raised to Anglicare within 21 days of the activity or event concluding.

**This form is required to be signed by a Group Manager.**

|  |  |
| --- | --- |
| **Signature:** | **Da Date:** |

**Once your event or activity is completed, please send a *cheque* or *money order* via post to:**

Tiffany Berg

Head of Fundraising and Events

Anglicare Southern Queensland

Webber House, Level 1

439 Ann Street Brisbane Qld 4000

**Anglicare office use**

Date received: \_\_\_/\_\_\_/\_\_\_\_\_

Activity approved:

**□** YES **□** NO

Further action required:

**□** YES **□**  NO

GPO Box 421, Brisbane Qld 4001

**IMPORTANT INFORMATION:**

**Please make your cheque or money order out to:**

Anglicare Southern Queensland

***Disclaimer***

*Anglicare reserves the right to terminate our support for the fundraising activity or event at any time if the Community Fundraiser fails to adhere to the terms and conditions outlined in the Community Fundraising Guidelines.*