

# Community Fundraising Proposal and Agreement



Fill in using Acrobat Reader and click 'Submit' OR  
print, fill in and return to:

E: [initforautism@autismspectrum.org.au](mailto:initforautism@autismspectrum.org.au)

F: 02 8977 8399 A: PO Box 361 Forestville NSW 2087

*Please note - this application must be approved by Autism Spectrum Australia (Aspect) before you can commence your fundraising activity.*

## Activity Organiser's Details

Name:		
Organisation:		
Address:		
Suburb:	State:	Postcode:
Phone:	Daytime:	Mobile:
Email:		
Website:		
Have you ever raised funds for other charities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, which organisation?		
Why have you chosen to support Autism Spectrum Australia (Aspect)?		

## Fundraising Activity Details

1. Name of fundraising activity:
2. How are you planning to raise the funds (e.g. ticket sales, raffles, donations etc):

3. Proposed date/timeframe of your fundraising activity:

4. Where are you planning on holding your fundraiser

5. Is there anything else you'd like to tell us about your fundraising activity?

6. What support/assistance do you require from Autism Spectrum Australia (Aspect):

Brochures or display materials

Use of the Aspect logo

Other\*

7. Can you think of any risks that might be associated with your activity?

Yes

No

If yes, what might why be?

#### 8. Budget

The activity cannot be used for your own direct commercial gain or profiteering. The activity must have the potential for financial success so you are not liable for unpaid expenses. The Activity Organiser must ensure that expenses do not exceed 30% of the gross proceeds obtained and that they are a fair and reasonable proportion of the gross proceeds obtained.

Please complete the budget below using as accurate estimations as possible. We understand that this may change and you can provide updated information later.

	Comments/explanations	Amount
Estimated income		
Estimated costs		
Estimated income minus costs		
Estimated amount given to Autism Spectrum Australia (Aspect)		

\*Please provide as much detail as possible about the type of support you might require so we can discuss with you whether we have the resources available to help)

## Waiver

1. I accept the terms and conditions of the Fundraising Guidelines. I agree to conduct my fundraising activity in accordance with those Guidelines and in a manner which upholds the integrity, professionalism and ethos of Autism Spectrum Australia (Aspect).
2. I understand the activities and risks involved in participating in the fundraising activity; and agree, in consideration of permission to participate in the activities, to release and indemnify Autism Spectrum Australia (Aspect), its officers, employees and volunteers and all sponsors (be they individuals or organisations, singularly or collectively) from and against all liabilities, claims, damages, suits, expenses, causes of action, injuries, losses or inconvenience of any description whatsoever arising in any way from the fundraising activity that is the subject of this application.
3. Autism Spectrum Australia (Aspect) reserves its rights to withdraw approval for the fundraising activity at any time if it believes any aspect of the proposed fundraising activity no longer fits within its Fundraising Guidelines.

*Please tick the box to confirm you have accept and understand the terms and conditions laid out in the waiver statement above.*

I agree to the above

Date:

Full name:

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OR

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Attn: Fundraising  
PO Box 361  
FORESTVILLE NSW 2087

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