

Fundraising Application Form



Thank you for choosing AFP Legacy to be the beneficiary of your fundraising activity. We greatly appreciate your support!

To help us assist you with your proposed fundraising activity, please complete in the form below. You will be contacted by AFP Legacy within 5-10 working days of receiving your application.

If you have any immediate queries, you can contact our Office on 02 6131 5642 or email AFPLegacy@afp.gov.au.

Name* *(Person making request)*

* mandatory fields

Address*

Group Name *(If you are organising a fundraiser on behalf of your workplace, community group, sporting club or other organisation)*

Phone Number*

Email Address*

About your fundraising activity

Please tell us why you have chosen to raise funds for AFP Legacy. *(If your event is in memory of a friend or colleague please ensure you have the permission of their family to host the event prior to completing this application. Events without permission from family may not be approved).*

Name/Title of your activity*

Description of your activity*

Location of your activity *(If different from contact address details provided under 'About you')*

Proposed date of your activity *(DD/MM/YY)*

How many people do you expect to attend?

How will the funds be raised – and how can we assist you with your event?*

(e.g. charging entry, auction, raffle, donation buckets, percentage of sale etc)

Will all proceeds go to AFP Legacy?

Yes

No

If the above answer was no, please list the other organisations that will benefit.

Approval for AFP Legacy to Market

Yes

No

This could include internal AFP Print and Digital News article, AFP and AFP Legacy Facebook Page and at fundraising events

Send Completed form to AFPLegacy@afp.gov.au

Fundraising guidelines

1. I understand that all fundraising activities must align with AFP Legacy's mission and AFP Legacy reserves the right to reject any fundraising activity or donation based on misapplication.
2. I confirm that by submitting this fundraising application, I am acting on behalf of and with the authority and power to bind those individuals and companies named on the fundraising application.
3. 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.
4. I will not exploit the position as a fundraiser and/or the association with AFP Legacy for personal gain.
5. I agree that all personal and sensitive information associated with the proposed fundraising activity will be handled in accordance with all relevant privacy legislation.
6. I confirm that any fundraising activity costs shall at all times be held to a percentage of revenue which is generally acceptable within the not-for-profit sector and by the public.
7. I will ensure that financial and activity reports are made available to the public, including the amounts raised, how it was spent and the net proportion donated to AFP Legacy.
8. 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.
9. I agree to seek permission to use the AFP Legacy name or logo on materials relating to the fundraising activity.
10. I give consent for photographs or other information I provide from the event to be published online or in publications by AFP Legacy.

AFP Legacy Office Use Only

Request Received

Acknowledged
/Tabled

Outcome of Assessment

Notification of Outcome

AFP Legacy Case Officer