

# 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](mailto: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\*

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## 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](mailto:AFPLegacy@afp.gov.au)**

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**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.

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*AFP Legacy Office Use Only*

Request Received

Acknowledged  
/Tabled

Outcome of Assessment

Notification of Outcome

AFP Legacy Case Officer