

# GO RESEARCH FUND

[www.goresearchfund.org.au](http://www.goresearchfund.org.au)

Phone 02 9382 6273

## COMMUNITY FUNDRAISING EXPRESSION OF INTEREST FORM

### Fundraising Manager

First Name:	Surname:
Name of organisation / business (if applicable):	
Address:	
Phone (B/H):	Mobile:
Email:	
How did you hear about the GO RESEARCH FUND?	
Why did you choose the GO RESEARCH FUND as the beneficiary of your fundraising event?	
Have you previously raised funds for the GO RESEARCH FUND or any other charity? If so, please provide some brief details.	

### Fundraising Event Details

Name of fundraising event:	
Start date:	Finish date:
Start time:	Finish time:
Address or venue of fundraising event::	
How many people do you expect to attend the event?	
How are you planning on raising funds for the GO RESEARCH FUND? Please list the activities which will take place ( <i>eg trivia night and each person will be charged \$50 to participate, with prizes and food and beverage donated</i> )	

Will another charity group benefit from the fundraising event?	YES ( )                      NO ( ) If yes, please provide brief details of the charity.
How do you intend to promote your fundraising event? ( <i>eg posters, flyers, email, newsletter, word of mouth etc</i> )	
Who will the fundraising event be promoted to?	
Do you intend to use the GO RESEARCH FUND name, logo and/or image in your promotion and at your fundraising event?	YES ( )                      NO ( ) <i>Use of the GO RESEARCH FUND name, logo, image is subject to the GO RESEARCH FUND's approval.</i>
Please provide script outlining your fundraising event ( <b>approx 50 – 60 words</b> ) for the GO RESEARCH FUND to promote your event on the GO RESEARCH FUND website. We also welcome script and photos (jpg image files) post-event for our website).	
If you have any additional information please provide here:	

## Disclaimer and Fundraising Agreement

1. I (insert name) \_\_\_\_\_ accept the terms and conditions of the GO RESEARCH FUND Community Fundraising Guidelines.
2. I agree to conduct my fundraising event in accordance with those terms and conditions and in a manner which upholds the integrity, professionalism and values of the GO RESEARCH FUND.
3. I have read and I agree to abide by the fundraising rules and guidelines of the GO RESEARCH FUND and, to the maximum extent permitted by law, indemnify the GO RESEARCH FUND, its employees, volunteers and all sponsors 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 event that is the subject of this application.
4. The GO RESEARCH FUND reserves its right to withdraw approval for the fundraising event at any time if it believes any aspect of the proposed fundraising event no longer fits within the GO RESEARCH FUND Fundraising Guidelines.

Feedback on your experience as a community fundraiser is important to help us continue to improve and develop this program. We would welcome the opportunity to obtain your comments after your event.

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

Full name: \_\_\_\_\_

*Thank you for supporting the Go Research Fund.*

On completion, please return this Form vial mail or fax to:

The Executive Director  
GO Research Fund  
PO Box 1045  
RANDWICK NSW 2031  
Ph: 02 9382 6273  
Fax: 02 9382 6310

<b>Office Use only</b>	
Date received:	
Date Application approved:	Date Application declined:
Approved by:	