



EDO NSW
ABN 72 002 880 864
Level 5, 263 Clarence Street
Sydney NSW 2000 Australia
E: edonsw@edonsw.org.au
T: + 612 9262 6989
F: + 612 9264 2414

APPLICATION TO FUNDRAISE

Thank you for your interest in supporting EDO NSW. If you would like to organise a fundraising event please complete this form and return to the address at the top of this form or email to fundraising@edonsw.org.au. Once approved, we will issue you with a letter authorising you to raise funds on behalf of EDO NSW.

Please read our Fundraising Guidelines and return a signed copy with this form.

Name of person organising this event _____

Group or organisation name (if applicable) _____

Street address _____

Suburb _____ State _____ Postcode _____

Contact # _____

Email _____

Date of event _____

Type of event (e.g trivia night) _____

Location of event _____

Method of raising funds (e.g tickets, raffle) _____

Any other beneficiaries (e.g other NFPs) _____

Estimated income \$ _____

DECLARATION

I hereby declare that all information provided in the above form is true and correct. I have read the fundraising guidelines and agree to abide by all conditions. I agree to indemnify EDO NSW against any claims for injuries or damage arising from the event/activity I undertake. I understand EDO NSW has the right to withdraw my approval to fundraise if I am in breach of any of the fundraising guidelines.

Name _____

Signature _____

Date _____