



PO BOX 908
WYNNUM QLD 4178

T (07) 3396 4267
F (07) 3396 3205

E info@rosies.org.au
W www.rosies.org.au

ABN68041152768 CH1146

FUNDRAISING FOR ROSIES

Proposal Form

FUNDRAISER'S DETAILS

(Please print details clearly using a black pen if possible. Note this form must be signed by an adult).

Title..... First name Surname.....

School, Workplace, or Community Group Name (if applicable)

..... ABN/ACN.....

Position

Address (work)

Suburb..... Postcode.....

Phone (work) Mobile (work).....

Email (work)

Address (home)

Suburb..... Postcode.....

Phone (home)..... Mobile (home).....

Email (home).....

Are you an existing Rosies' friend? (please circle) Member / Donor / Volunteer

Would you like further information about becoming a Member / Donor / Volunteer? Yes / No

INITIATIVE DETAILS

Fundraising Initiative Name.....

Proposed Date/s..... Estimated Attendees

Description / Type (morning tea, trivia night, casual dress day, etc.).....

.....

A copy of your Certificate of Currency of your public liability must be forwarded with this form if applicable

Venue Name.....

Address

Suburb..... Postcode.....

How will you raise funds?

..... Estimated Funds \$.....

"Friends on the street, in the courts, detention centres, prisons, and drop-in centres."



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PROMOTION

Do you require the use of Rosies brand identity / logo? (please circle, indicate below) Yes / No

List any key sponsors

List any key media or promotional opportunities

AGREEMENT & DECLARATION

I, (print) have read, fully understand, accept, and agree to comply with the terms and conditions as outlined in the Fundraising for Rosies - Guidelines (tick)

- I agree to act and conduct my fundraising initiative in a professional manner in accordance with the Guidelines that upholds the values and integrity of Rosies image, reputation and brand.
- I accept my obligation to remit the funds or goods raised and indemnify Rosies from and against all claims, liabilities, losses, damages, costs, and expenses arising directly or indirectly from or in connection with my fundraising initiative.
- I agree to receive ongoing communications and promotional materials from Rosies and understand that I can opt out at any time by contacting the Rosies' Support Office using the contact details provided on this form. I understand that Rosies is committed to protecting my privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles established under that Act.
- I understand that I am not authorised to commence using Rosies as beneficiary charity for my initiative until I have a Fundraising for Rosies - Letter of Authority.

Signature Date

I, (print the responsible adult's name) give permission for the Fundraiser (if under 18 years of age) to conduct this fundraising initiative.

Signature Date

Thank you for your support!

Rosies office use only

Approved reference number Yes / No Date

Promotional requirements & permissions provided Yes / No Date