



Request for Authority to fundraise

Your details

Title: _____ Name: _____

Address: _____

State: _____ Postcode: _____

Telephone: () _____ Mobile: _____

Email: _____

Activity details

Name of activity: _____

Start date: / / End date: / /

What is your proposed activity? _____

How will you raise funds? _____

Why have you chosen to fundraise for the Walter and Eliza Hall Institute? _____

How will the proceeds be allocated? (please tick one box):

100 per cent revenue to the institute Income less expenses to the institute

If required I will be transparent about funds raised and the cost of fundraising

I have read this fundraising guide in full

Signed: _____ Date: / /