



# FUNDRAISE STROKE 4

RAISE VITAL FUNDS  
TO HELP  
STROKE SURVIVORS  
ALL ACROSS AUSTRALIA

## Complete our online Fundraising Application Form

Thank you for choosing to help fight stroke by fundraising for the Stroke Foundation. The funds you raise will play a vital role in preventing stroke, saving lives and enhancing recovery. We are so grateful for your support.

Your first step is to complete our fundraising application form. If you are planning to fundraise solely online please go to <https://www.fundraise4stroke.org.au> and set up your fundraising page, otherwise please fill out the below form in conjunction with our fundraising guidelines.

**Important note:** Fundraising legislation requires you to wait until this application is approved by the Stroke Foundation prior to publicising, fundraising, or holding your planned event/activity (this is for offline events that are not through our online platform Fundraise4Stroke). You will hear from us within five working days. If you have questions about submitting your application, please email [fundraising@strokefoundation.org.au](mailto:fundraising@strokefoundation.org.au) or call **1300 194 196**

### Section 1: About you

Title: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Organisation or Community Group Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone: \_\_\_\_\_

Your date of birth: Day / Month / Year \_\_\_\_\_

Street Address: \_\_\_\_\_

Town/city: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_



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## Section 2: About your event/activity

Event / Activity Name: \_\_\_\_\_

Date of your event/activity (Day / Month / Year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Duration: \_\_\_\_\_

Is this an ongoing event/activity?  Yes  No

What state/territory will you hold your event/activity in?

VIC  NSW  QLD  TAS  WA  SA  NT  ACT

Describe the proposed event/activity. Please provide a detailed description of the event/activity, including number of participants, type of activity, publicity plans etc:

What motivated you to support the Stroke Foundation?

Have fundraised before  Saw it on Facebook/social media

Referred by a friend/colleague  Word of mouth



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## Section 3: Event/activity details

### Your fundraising

Are you planning an auction?  Yes  No

Are you planning a raffle?  Yes  No

How will the proceeds be allocated to the Stroke Foundation?

100% revenue  Income less expenses

Describe how the funds will be raised (e.g. online fundraising, ticket prices, estimated number of ticket sales, raffle ticket price, estimated sponsorship etc.)

### Income and expenses

\*Please provide an estimate if you do not have exact figures

**Fundraising Goal – Income** (you can change this later) \_\_\_\_\_

Donations:

Ticket sales:

Sponsorship:

Auction:

Raffle:

Other:

Total Income:

### Expenses

Venue Hire:

Food/beverages:

Prizes/raffle items:

Insurance/permits:

Other:



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## Section 3: Event/activity details *continued*

Total Expenses:

Total estimated fundraising proceeds to Stroke Foundation?

\$ \_\_\_\_\_

## Section 4: Agreements

### Terms and Conditions

Do you agree to the following statements?

I/We agree to submit all funds raised to the Stroke Foundation within 14 days of the event/activity  Yes  No

I/We agree to speak to Stroke Foundation prior to undertaking and media activity for this activity  Yes  No

I/We have read the Stroke Foundation Fundraising Guidelines and agree to abide by them at all times  Yes  No

I/We agree to contact and receive approval from the Stroke Foundation before approaching organisations for sponsorship  Yes  No

I/We have accepted sole responsibility in the organisation and management of activities, events, finances, prizes, publicity and/or goods and services required to run the event/activity  Yes  No

I/We confirm that the event/activity does not involve any illegal activity, violence, aggression or undue risk taking  Yes  No

I/We agree to meet requirements of relevant laws and regulations of my state or territory  Yes  No

I/We indemnify the Stroke Foundation from liability incurred by the Stroke Foundation as a result of a claim arising out of an incident in relation to an activity conducted by me/us  Yes  No

I/We agree not to use the Stroke Foundation name or logo without the appropriate authority  Yes  No

I/we agree to be police checked if required as part of the Authority to Fundraise  Yes  No

## Section 4: Agreements

### Public Liability Insurance

Depending on your event you may need to arrange your own Public Liability Insurance. Public Liability insurance is designed to protect you against claims of third party property damage or personal injury incurred through carrying out fundraising activities. The Stroke Foundation's Public liability Insurance does not cover third party fundraisers.

Do you have public liability insurance?  Yes  No

If no, do you intend on getting public liability?  Yes  No

### Declaration

I declare that all details on this form are correct to the best of my knowledge.

Digital Signature: \_\_\_\_\_

To note this form completion doesn't constitute an approval of fundraising and it is subject to review by the Stroke Foundation.

You can view our privacy policy here: <https://strokefoundation.org.au/Privacy>

Thank you, your fundraising application has been submitted. We will be in touch within five business days. If you have any enquiries in the meantime, please contact [fundraising@strokefoundation.org.au](mailto:fundraising@strokefoundation.org.au) or **1300 194 196**

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