



Community Fundraising Application Form

FUNDRAISER / EVENT COORDINATOR

Name/s: _____

Organisation (if applicable): _____

Address: _____ Suburb: _____ Postcode: _____

Phone: _____ Mobile: _____ Email: _____

EVENT INFORMATION

Name of proposed event: _____

Date: _____ Time: _____

Location and address: _____

EVENT DETAILS

How do you plan to advertise your event: _____

How many people do you expect to attend the event: _____

Details of event (description, plan, aim, timeline) _____

NAMES OF SPONSORS/PRODUCT PROMOTED OR USED

(To ensure there is no conflict with our health policies and current sponsorship arrangements.)

PLANNING YOUR BUDGET AND EXPENSES

Proposed income		Proposed expenses	
Sponsorship	\$	Venue hire	\$
Ticket Sales	\$	Catering	\$
Donation	\$	Entertainment	\$
Other	\$	Promotional Material	\$
		Other	\$
TOTAL	\$	TOTAL	\$

MS LIMITED SUPPORT

I would like to request the following support / assistance from MS Limited:

- | | |
|--|--|
| <input type="checkbox"/> Use MS Limited logo | <input type="checkbox"/> MS Ambassador at your event |
| <input type="checkbox"/> MS Limited brochures / literature | <input type="checkbox"/> Presence of MS website |
| <input type="checkbox"/> Receipt books | |

DISCLAIMER AND FUNDRAISING AGREEMENT

I accept the terms and conditions of the Fundraising Guidelines. I agree to conduct my event/activity/project in accordance with those terms and conditions and in a manner that upholds the integrity of Multiple Sclerosis Limited.

I acknowledge having read and I agree to abide by the fundraising rules and Guidelines of Multiple Sclerosis Limited and indemnify Multiple Sclerosis Limited from and against any claim for injuries or damage arising at or from the project/event that is the subject of this application.

Do you / your organisation understand and agree that all publicity for the proposed event must be approved by Multiple Sclerosis Limited prior to being released and printed. Yes No

Signature (or signature of Parent / Guardian if under 18): _____ Date: _____

Please return completed Community Fundraising Application Form to:

VICTORIA

Heather Rendell
MS Limited
54 Railway Road
Blackburn Vic 3031
Ph 03 9845 2710

NSW

Kerry Hill
MS Limited
293 Mowbray Road
Chatswood NSW 2141
Ph 02 9468 8345

ACT

Mirimba Kovner
MS Limited
117 Denison Street
Deakin ACT 2600
Ph 02 6234 7030

OFFICE USE

Approved by: Community Fundraising Manager

Name: _____ Signature: _____

Date: _____