

# Fundraising Proposal

## Event details

Proposed activity, event or function \_\_\_\_\_

Date of event or activities From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Address of venue or activity \_\_\_\_\_  
\_\_\_\_\_

## Fundraising goal

Fundraising Target \$ \_\_\_\_\_

Activity / Event Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you raised funds for us before?  Yes  No

### Raising money for Calvary Mater Newcastle

Area / Unit / Type of Research \_\_\_\_\_

## Depositing funds

### Where will monies be deposited and who is responsible for this deposit?

Name of individual/group/other \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Contact person(s) \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Signature of applicant \_\_\_\_\_

### Please send completed form to

Public Relations  
Calvary Mater Newcastle  
Locked Mail Bag 7, Hunter Region Mail Centre  
NSW 2310

### Enquiries

Public Relations  
02 4014 4714  
02 4014 4712

### OFFICE USE ONLY

Date received \_\_\_\_\_  
Authority given? \_\_\_\_\_  
Date authority sent \_\_\_\_\_