

FUNDRAISING APPLICATION FORM



PERSONAL DETAILS

Applicant's Name: _____ Date of birth*: ___/___/___

Name of community/company/organisation (if any): _____

Address: _____ State: _____ Postcode: _____

Phone: _____ Email: _____

**if under 18, you will need a parent or guardian's permission to fundraise with us*

FUNDRAISING DETAILS

Why have you chosen to fundraise for Karuna?: _____

Description of fundraiser/event/activity: _____

Date of fundraiser: ___/___/___ Time frame of fundraiser: _____

How will funds be raised? (e.g. ticket sales, donation tin, merchandise etc.) _____

How many people are you expecting to attend? _____

What is your fundraising goal? _____

Will all proceeds go to Karuna? YES NO

If no, please list other charities you will be donating to:

HOW WE CAN HELP YOU

[View our printable and downloadable promotional posters and social tiles.](#)

Would you like Karuna to advertise your fundraiser on our social media? YES NO

Would you like to hear about future opportunities to support Karuna? YES NO

Applicant name: _____

Legal guardian name*: _____ Relationship: _____

**only if under 18*

Signature: _____ Date: ___ / ___ / ___

The Karuna Hospice Service Ltd ABN 28 055 211 473 27

Cartwright Street Windsor QLD 4030 • PO Box 2020 Windsor QLD 4030

Telephone: (07) 3632 8300 • Fax: (07) 3632 8399 • Email: karuna@karuna.org.au • www.karuna.org.au