Lions Eye Institute

Proposal to Fundraise

Thank you for choosing to fundraise for the Lions Eye Institute. You play a significant role in our mission to provide better vision for all. To start your fundraising journey with us, please take a few moments to complete the following form and return it to the Philanthropy Team at the Lions Eye Institute, 2 Verdun Street, Nedlands WA 6009 or email donorcare@lei.org.au. Your application will be assessed within five working days and once approved, you will be notified and issued with a letter of approval to fundraise. You are then ready to start your journey.

Please read our Community Fundraising Terms and Conditions and get in touch if you have any further queries.

Thank you once again and together, we can provide the gift of sight to people facing blindness.

Name: _____

Name of organisation (if applicable): _____

Address details: _____

Postal address (if different): _____

Phone: _____ **Email:** _____

Title of Event/Activity: _____

Proposed date of event/activity: Start & finish time: _____

 _____

Location of event/activity: _____

No. of proposed participants: _____

Who will be attending your event/activity: _____

How are you promoting your event/activity: _____

 _____

Fundraising target: _____

Please describe in detail how the event/activity will work (you may submit information on a separate sheet if you need more space):

_____

_____

_____

_____

Will you be raising money for any other organisations at the event/activity? YES / NO

If yes, please advise organisation(s): _____

_____

Your fundraising funds will be allocated to the area of greatest research need at the Lions Eye Institute. If you wish the funds to be allocated to a particular research area please specify below:

_____

_____

Declaration:

I hereby declare that all information provided to the Lions Eye Institute Limited in this proposal is true and accurate. I have read the Community Fundraising Guidelines and agree to abide by all conditions contained within the document. I agree to indemnify the Lions Eye Institute against any claims for injuries or damages arising from the event or activity I undertake. I understand that the Lions Eye Institute has the right to withdraw my approval to fundraise if I am in breach of any of the terms and conditions.

Full name: _____

Position/Org (if relevant): _____

Signature: _____   **Date:** _____

Office use only

Received on: ____/____/____   **Approved by:** _____

Date approved: ____/____/____