



Request to Fundraise Form

Thank you for your interest in holding a fundraising event to support the Foster Care Association of Victoria who support Victorian foster families. Please complete the following information and return to us so we can provide the required *Authority to Fundraise* details.

ABOUT YOU

Is your enquiry as a:

- Current foster carer Current foster child Family/friend of foster family
 Former foster carer Former foster child Community member

Title: Mr Mrs Ms Miss MS Dr Other (please specify) _____

First Name: _____ Surname: _____

Address: _____

Suburb: _____ State: _____ Postcode _____

Mobile: _____ Phone: _____ Email: _____

YOUR FUNDRAISING ACTIVITY

Name of your Activity/Event: _____

Date/Time of your Activity/Event: _____

What is the reason for your event? _____

- Birthday - Individual Name: _____ Age _____
 In Memory of – Name: _____
 Through a school – Name: _____
 Through a group – Name: _____
 Through a workplace – Organisation Name: _____

Approximate number of people attending your fundraiser: Under 10 10-50 50-100 100+

Will alcohol be consumed: No Yes

Will food be prepared and sold: No Yes

What support do you require from the Foster Care Association of Victoria?

- FCAV logo emailed for promotional use (to above email address)
 FCAV promotional material (posted to above address)

DECLARATION:

I have read, understood and will abide by the Foster Care Association of Victoria's fundraising guidelines.

Name: _____ Signed: _____ Date: _____