

Transplant Australia - Fundraising Application

To fundraise on behalf of Transplant Australia and to participate in the Transplant Games you must be issued with an **Authority to Fundraise** and an accreditation provided by Transplant Australia. Please complete this form and return it to the National Office so that you can become an authorised fundraiser. Mail to PO Box 3444, Rhodes NSW 2138 or email to Julie.Edwards@transplant.org.au

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Name:								
Address:								
Suburb:			State:	Postcode:				
Phone:			Mobile:	Mobile:				
Email:			1					
Membership Number (yo	u must be	a financial member	of Transplant Austra	ilia to raise funds):				
Are you fundraising to at	tend the Ti	ransplant Games – i	f so, indicate which (Games:				
FUNDRAISING PACK								
Please tick which items yo	u would lik	e to help you fundr	aise:					
Use of TA logo (will be se	nt by emai	I)						
Shirt			If yes, what	If yes, what shirt size?				
Organ Donor registration	forms							
Referee Name Contact number	details of	a referee (your refe	ree cannot be a fami	ily member):				
Referee email address								
fundraising activities in acc Transplant Australia's Priva	cordance w acy Policy v ed in accor	vith these guidelines via <u>www.transplant.</u> dance with that pol	s and will declare or on one or one or one or one or	stand the content. I agree to conduct my deposit all funds raised within 14 days. I have ling a copy and understand that my personal It I cannot claim against Transplant Australia				
ignature: Date:								
Transplant Australia will respond authorisation from Transplant Au		cation within five workin	g days. Please do not prod	ceed with your event/activity until you have received				
For Office Use only								
			Fundraiser ca	itegory				
Fundraising ID								
Fundraising ID Authority issue date			Authority exp	piry date				