



Dolly's Dream

Dolly's Dream Fundraising Application Form

Thank you for choosing to fundraise for Dolly's Dream. It's with the generous support of people like you that we can work together to raise awareness about the serious issue of bullying and its devastating effects.

Once we have reviewed and approved your fundraising activity we will send a Letter of Authority to Fundraise which means you have the support of Dolly's Dream to conduct your fundraising activity. Thank you for your support!

Organiser's Name:			
Organisation or Community Group (if applicable):			
ABN number (if applicable):			
Organisation address:			
Email address:			
Phone number:			
Brief description of your activity including how you will raise funds:			
Start Time and Date:		Finish Date:	
Venue Address (if applicable):			
Fundraising goal:			
Expected reach: (e.g., local community, state-wide, national if online):			
Planned promotional activity:			
Does Dolly's Dream have permission to use your photos after the event for website, social media, newsletter and emails to supporter base?			
Why did you choose to support Dolly's Dream?			

www.dollysdream.org.au

P: 1800 951 955 E: fundraise@dollysdream.org.au A: PO Box 5192 South Melbourne VIC 3205

[dollysdreamaustralia](https://www.facebook.com/dollysdreamaustralia) | [#DollysDream](https://twitter.com/DollysDream)



Dolly's Dream

Please circle the Dolly's Dream intellectual property you would like to use:

- A: Dolly's Dream name
- B: #doitfordolly
- C: #Dollysdream
- D: #speakevenifyourvoiceshakes
- E: Dolly's Dream supporter logo
- F: Image of Amy "Dolly" Everett

Terms and Conditions

All funds must be donated into the Dolly's Dream bank account within 14 days of receipt of funds.

Any use of Dolly's Dream intellectual property is to be approved by a representative of Dolly's Dream prior to the promotion or distribution of any goods or services.

When depositing fundraising, use your unique Dolly's Dream fundraising code as a reference.

In naming your activity, do not use Dolly's Dream in the title. The activity may be promoted as 'proudly supporting' or similar approved wording.

Account name: Dolly's Dream
Bank: NAB
BSB: 083-004
Account Number: 98-827-4318

I/we agree to the above terms and conditions.
I/we acknowledge that I/we will receive funds from members of the public on trust from Dolly's Dream.

Signed by:

Name:

Date:

Signature:

Address:

If you are under 18, consent is required from a parent or guardian to support your fundraising activity

Name:

Date:

Signature:

Relationship to fundraiser :

Dob of Fundraiser:

Please return your completed form to: fundraise@dollysdream.org.au

www.dollysdream.org.au

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