



**Great Australian  
Bike Ride**  
*Together on the road for mental health*



**FUNDRAISING  
PROPOSAL FORM**

Name .....

Address .....

..... P/Code .....

Phone:(W) ..... (H) ..... Fax: .....

Email: ..... Mobile .....

Do you have a motivation for fundraising for the ARHRF? .....

Name of referee ..... Name of organisation: .....  
(must be a manager from a current or previous place of employment & cannot be a member of the applicant's family)

Position title: ..... Referee's address: .....

.....P/Code ..... Referee phone: .....

**EVENT INFORMATION**

Proposed name of event: .....

Proposed date or time frame of your event Date: ..... or From: ..... To: .....

Address or venue of event: .....

Do you intend to seek sponsorship? Yes  No  (if yes please list names of proposed sponsors)

.....

.....

Which of the following best describes the type of fundraising you would like to undertake?

Ball with auction	<input type="checkbox"/>	Art/craft exhibition/sale	<input type="checkbox"/>	Sports day – other	<input type="checkbox"/>
Dinner with auction	<input type="checkbox"/>	BBQ/lunch	<input type="checkbox"/>	Trivia night	<input type="checkbox"/>
Raffle	<input type="checkbox"/>	Family fun day	<input type="checkbox"/>	Open garden	<input type="checkbox"/>
Donation box/collection tin	<input type="checkbox"/>	Fun run/walk/trek	<input type="checkbox"/>	Fashion parade	<input type="checkbox"/>
Work/school charity day	<input type="checkbox"/>	Golf day	<input type="checkbox"/>	SALE	<input type="checkbox"/>
Fete/bazaar/market stall	<input type="checkbox"/>	Bowls day	<input type="checkbox"/>	(Percentage of proceeds to ARHRF)	

Other (please specify) .....

.....

**BUDGET**

How much money do you plan to raise for the ARHRF? (please estimate) \$ .....

How much do you plan to spend on the event? \$ .....

**ARHRF SUPPORT**

I would like the following support / assistance from the ARHRF

- |   |                          |                              |                          |
|---|--------------------------|------------------------------|--------------------------|
| Borrow banner / signage                   | <input type="checkbox"/> | Tax-deductible receipt books | <input type="checkbox"/> |
| Other (please specify)                    | <input type="checkbox"/> | Use the ARHRF logo           | <input type="checkbox"/> |
| Have an ARHRF representative at the event | <input type="checkbox"/> | ARHRF brochures / literature | <input type="checkbox"/> |

Other .....  
.....  
.....

(We will contact you about your requirements. All support/assistance is subject to availability).

I have read the ARHRF’s Fundraising Guidelines and understand their content. I agree to conduct my event in accordance with these guidelines and to make every effort to uphold the good name and character of the ARHRF. I understand that I cannot claim against the ARHRF for any damage or injury incurred as a result of this fundraising event. I understand that the ARHRF reserves the right to withdraw approval of this event at any time, should the event or the event organiser fail to comply with Fundraising Guidelines. I understand that the ARHRF and all its staff and volunteers cannot be held responsible for any loss or damage that occurs as a direct or indirect result of this event. I am in a suitable physical and mental condition to organise and run this event, and have considered any and all risks that may be associated with this event.

Signature ..... Date: .....

PRINT NAME .....

Please return completed Fundraising Proposal to:

**Australian Rotary Health Research Fund**

(ABN 52 006 119 964)

PO Box 3455, PARRAMATTA NSW 2124,  
Telephone 02 8837 1900, Facsimile 02 9635 5042

email: mail@arhrf.org.au

www.arhrf.org.au

