



Don Dunstan Foundation Community Fundraising Registration Form

Please complete and return this form to the Don Dunstan Foundation (DDF). If your registration is approved, you will receive a fundraising authorisation email from the Foundation.

Personal Details		
Name:		
Name of Organisation (if applicable):		
Address:		
Suburb:	State:	Postcode:
Phone:	Email:	
Fundraising Detail		
Name of fundraising event or activity:		
Brief description of fundraising activity:		
Proposed date/time:		
Venue:		
Estimated attendance:		
Fundraising goal:		
Other participating individuals or organisation	ons:	
A		
Agreement		
1.1, (func	,	•
conditions for fundraising as printed in th	-	-
2.1 agree to conduct my fundraising activity		
Don Dunstan Foundation and in accorda	nce with the T&C's as des	scribed in the DDF's Community
Fundraising Guidelines.		
3.1 understand that I am obligated to delive	er the funds raised for thi	s event or activity to the DDF
within four (4) weeks of completion.		
Name (please print):		
Signature:		 Date:
For fundraisers who are under the age of 18,	please have a parent or g	guardian complete the form below.
l give permission for		(name of fundraiser) to fundraise
for the Don Dunstan Foundation as per the a		
Name of parent/guardian (please print):		
Signature:		Date:
Relationship to organiser:		
Phone number:		
Please return this completed form to the Do	n Dunstan Foundation.	

Please return this completed form to the Don Dunstan Foundation. Email: dunstan.foundation@adelaide.edu.au Phone: (08) 8313 3364 www.dunstan.org.au Level 8, 115 Grenfell Street, Adelaide SA 5005 ABN: 14 614 345 149