

For Office Use

Date Received

## NSW POLICE LEGACY

### Authority to Fundraise

### APPLICATION FORM



Application date:

Name of group/company/individual planning the event ("the fundraiser"):

ABN (if company):

Name of individual/s responsible:

Mailing address:

Daytime phone:

Mobile:

Email:

Type of fundraising activity:

Name of activity:

Overview of event:

Date(s):

Time:

Location (include address):

How the will funds be raised? (eg. ticket sales, auction etc)

How much do you aim to raise for NSW Police Legacy:

Will all the proceeds come to NSW Police Legacy?

Yes ☐

no ☐

If no, list other organisation/s (and percentage split):

How do you plan to advertise the activity (please refer to the fundraising terms and conditions regarding promotional material):

Will you be seeking sponsorship for the event?

☐ yes

☐ no

*If yes, please forward to NSW Police Legacy your target list and sponsorship proposal before approaching:*

Do you have or intend to seek public liability insurance for your activity?

☐

Yes ☐ No ☐

If Yes, please provide insurance details:

**NSW POLICE LEGACY**  
**Authority to Fundraise**  
**APPLICATION FORM**



**Yes, I have read and understand the Terms and Conditions of this Agreement and will abide by them.**

Applicant Name:

Applicant signature:

Date:

**Please send completed application to:**

The Company Secretary,  
NSW Police Legacy  
PO Box 20065, World Square,  
NSW 2002

Email: [elizabeth@policelegacynsw.org.au](mailto:elizabeth@policelegacynsw.org.au), Fax (02) 9283 7898

**Office use**

Approved by:

Signature:

Date:

Date Letter of Authority issued: