



# ELEPHANT LEARNING PROGRAMS FOUNDATION LTD (H-ELP) AUTHORISATION TO FUNDRAISE FORM

IMPORTANT: Please carefully review the H-ELP Fundraising Guidelines prior to completing this form

# **Fundraiser Details**

| Title:   | First Name:                    |         | Last Name:  |  |  |  |  |
|--|--------------------------------|---------|-------------|--|--|--|--|
| Name of organisation/business (if applicable):   |                                |         |             |  |  |  |  |
| Address:   |                                |         |             |  |  |  |  |
| Suburb:  |                                | State   | te Postcode |  |  |  |  |
| Phone (Business Hours)   |                                | Mobile  |             |  |  |  |  |
| Email:   |                                |         |             |  |  |  |  |
|  |                                |         |             |  |  |  |  |
| How did you hea  | r about H-ELP?                 |         |             |  |  |  |  |
|  |                                |         |             |  |  |  |  |
|  |                                |         |             |  |  |  |  |
|  |                                |         |             |  |  |  |  |
|  |                                |         |             |  |  |  |  |
| Why did you cho  | ose H-ELP as the beneficiary o | of your | fundraiser? |  |  |  |  |
|  |                                |         |             |  |  |  |  |
|  |                                |         |             |  |  |  |  |
|  |                                |         |             |  |  |  |  |
| Have you proviously raised funds for H. E.I.D. or another handficiary, and if so, places provide some            |                                |         |             |  |  |  |  |
| Have you previously raised funds for H-ELP or another beneficiary, and if so, please provide some brief details. |                                |         |             |  |  |  |  |
| DITCI UCIAIIS.   |                                |         |             |  |  |  |  |
|  |                                |         |             |  |  |  |  |
|  |                                |         |             |  |  |  |  |
|  |                                |         |             |  |  |  |  |
| Please provide details of any others involved in organising the fundraiser/event:                                |                                |         |             |  |  |  |  |
| p  |                                |         |             |  |  |  |  |
|  |                                |         |             |  |  |  |  |
|  |                                |         |             |  |  |  |  |
|  |                                |         |             |  |  |  |  |

#### Collection Statement

The H-ELP Foundation (ABN; 46147088757) collects and uses your personal information in order to keep you updated with information and for promotional purposes to send you further information about the Foundation and for promotional purposes. Our Privacy Policy tells you what kinds of information we may collect about you, how we usually collect, use and disclose your personal information, how you can complain about a misuse of your personal information and how you can ask for access to it. For our privacy policy visit www.h-elp.org

# **Fundraising Event Details**

| Name of fundraiser/event:   |   |  |  |  |  |
|---|---|--|--|--|--|
| Start Date:   | End Date:   |  |  |  |  |
| Start Time:   | End Time:   |  |  |  |  |
| Address/venue of fundraiser or event:   | End fillio.   |  |  |  |  |
| Address/vende of fundralser of event.   |   |  |  |  |  |
| How many people do you expect to attend the fundraiser/event?   |   |  |  |  |  |
| How are you planning on raising funds for H-ELP? (Please list the activities which will take place, for example – "hosting a trivia night whereby each person will be charged \$20 to attend, with prizes, food and beverages |   |  |  |  |  |
| Will another charity group benefit from the fundraiser/event? If yes, please provide brief details of the charity group.  | □ YES □ NO  |  |  |  |  |
| How do you intend to promote your fundraiser/event? (Eg via posters, email, social media, newsletter, word of mouth etc)  |   |  |  |  |  |
| Who will the fundraiser/event be promoted to?   |   |  |  |  |  |
| Do you intend to use H-ELP's name in your promotion and at your fundraiser/event?   | ☐ YES ☐ NO  Use of the Foundation's name is subject to H-ELP's approval.  |  |  |  |  |
| Subject to availability, would you like your fundraising event listed in the community section of H-ELP website?  | ☐ YES ☐ NO  If yes, please provide text of maximum 100 words describing the event along with a photo/image in a word or jpeg image file |  |  |  |  |
| Text Description of your event for H-ELP website  |   |  |  |  |  |
| (please also provide any additional information here)   |   |  |  |  |  |
| Stay up-to-date with all the news from the Human-Elephant Learning Programs by receiving information regarding promotions and other alerts. You can also follow us on Twitter and become a fan on Facebook.                   |   |  |  |  |  |
| Yes, please sign me up to receive information from the Human Elephant Learning Programs.  |   |  |  |  |  |

# **Disclaimer and Fundraising Agreement**

| 1. I (insert name)<br>and acknowledge that H-ELP accepts no liability  | _ accept the terms and conditions of the Guidelines for this event.  |
|--|--|
|  | rdance with the Guidelines and in a manner which   |
| the H-ELP website www.h-elp.org I acknowledge important sponsors and supporters over the year  | y of the existing H-ELP partners or sponsors listed on<br>that H-ELP has developed relationships with these<br>s which have enabled the H-ELP 's research to<br>tacts, sponsors and supporters in the community. |
| 4. I also agree that I will not use the H-ELP logo<br>H-ELP and will obtain H-ELP 's approval of any s<br>fundraising event and H-ELP. | on any communication materials unless permitted by statement regarding the relationship between the  |
| ELP, its volunteers and all sponsors from and aga  | convenience of any description whatsoever arising in   |
|  | for the fundraising activity or the use of H-ELP's name ne if it believes any aspect of the proposed fundraising within the Guidelines.  |
|  | ndraiser is important to help us continue to improve the opportunity to obtain your comments after your differ this research, please tick this box.  |

Date:

#### \*If under 18 years of age, parent/guardian to sign.

Signature\*:

Full Name (please print):

Thank you for your support in raising awareness and funds for the Human-Elephant Learning Programs Please return completed and signed "Authorisation to Fundraise" form via email to: <a href="mailto:contact@h-elp.org">contact@h-elp.org</a>

## Address:

H-ELP FOUNDATION LTD 3 Wonderland Avenue Teurong, Victoria 3915 Australia

## **Bank Detials for donations**

Bank: Commonwealth Bank Name: H-ELP Foundation Ltd BSB: 633-000 Acc: 162091532

When depositing money into the account please ensure that you use your last name or company name as reference and please notify <a href="mailto:contact@h-elp.org">contact@h-elp.org</a> with a deposit receipt. You will be answered and sent a receipt within 48 hours of the money hitting the bank account.

A letter will be sent to the e-mail address provided should your Authorisation to Fundraise form be approved.

| Internal use only:                     |                   |       |        |
|--|-------------------|-------|--------|
| Approval granted by:                   |                   |       |        |
| (Print Name)                           | (Signature)       |       | (Date) |
| Community Fundraising Guidelines sent. |                   | □ YES | □NO    |
| Authorisation to Fundraise Appro       | oval letter sent. | □ YES | □ NO   |
|  |                   |       |        |