



Royal District Nursing Service of SA Inc.

Royal District Nursing Service Community Fundraising Proposal and Agreement

Name _____

Name of Organisation (if applicable) _____

Address _____ Postcode _____

Phone _____ Mob _____

_____ Email _____

Name of personal referee _____ Address _____

Relationship _____ Phone _____

Email _____

Have you ever raised funds for The Royal District Nursing Service Yes No

Is there a particular community Health and Care issue you would like more information about?

1. Please indicate the type of fundraising you are planning:

- Head shave/colour
- Donation/collection tin
- Raffle
- Work/School charity day
- BBQ
- Auction/Dinner
- Fun Run/Walk
- Bike Ride
- Golf Day
- Bowls Day
- Music Night
- Sports Day
- Quiz Night
- Sale - % of proceeds
- Fashion Parade
- Other _____

2. Name of fundraiser/event _____

3. Proposed date of event/fundraiser _____

4. Address/Venue of fundraiser/event _____



5. How do you plan to promote your event? _____

6. Why have you chosen to raise funds for RDNS?

- I have been personal experience of the work RDNS does
- Relative supported by RDNS
- Friend nursed by RDNS
- In Memory of family/friend who was supported by RDNS
- Concerned about health and care of socially disadvantaged in the community
- To gain organising experience
- Team building with friends/work
- Interested in fundraising
- To be involved with a fun community event
- Had to select a charity to raise money for
- Other _____

7. Do you plan to hold your own fundraising events for RDNS on an ongoing basis? Yes No Unsure

8. Name of sponsors _____

9. Please provide any other relevant details or information about your fundraiser/event:

8. I would like to request the following support/assistance for RDNS:

- RDNS representative at an event
- RDNS signage
- RDNS Receipt Books
- RDNS Merchandise
- Use of RDNS Logo
- RDNS Donation Boxes
- Information brochures please specify) _____

9. How much money do you aim to raise for RDNS? \$ _____

10. Are there other organisations benefiting from this fundraising event?



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The RDNS reserves its right to withdraw its approval for the Fundraiser/Event at any time if it appears that there is a likelihood of the Fundraiser failing to adhere to the above terms and condition.

- 1 I agree to conduct my fundraiser/event in a manner which upholds the integrity, professionalism and ethos of The Royal District Nursing Service.
2. I indemnify The Royal District Nursing Service from and against any claims for injuries or damage arising from the event, which is the subject of this application.

Signature (or signature of Parent/Guardian if under 18)

Date: _____

Please return completed Fundraising Proposal and Agreement to:

Fundraising Manager
RDNS
PO Box 247
WAYVILLE 5034
Fax: (08) 8208 5311