



# Authority to Fundraise Form

- Please complete and sign this form.
- **Mail to:**  
Drug ARM  
GPO Box 590  
Brisbane QLD 4001  
or email to: donate@drugarm.com.au
- Keep a copy for your records. Drug ARM will issue acceptance of this form in writing.

## Conditions of Fundraising

1. Individuals must obtain approval prior to the commencement of any fundraising activities. Money must be raised in a legal and ethical way and in a manner that does not risk or injure yourself, volunteers, the general public, or anyone connected to the activity.
2. Fundraising activities will be organised by the individual and/or his/her committee. Outside organisations/businesses may also be approached to assist. Any approaches to businesses must be approved by Drug ARM to avoid conflict with existing Drug ARM partners/sponsors.
3. All fundraising activities must be self-funded. Drug ARM will not be held responsible for costs incurred that are related to the activity/event.
4. Insurance: Insurance is the responsibility of the fundraising applicant.
5. Individuals are to conduct themselves in a professional and courteous manner in line with Drug ARM's values. Proper attire is required when representing Drug ARM.
6. Where individuals commit to raise a specific amount of money to qualify for an entry into a challenge-based event and the minimum goal is not reached, Drug ARM reserves the right to withdraw registration in the event.
7. Money raised must be directed to Drug ARM but definitely within 14 days of the completion of any fundraising activities.
8. Drug ARM reserves the right to refuse or withdraw the Authority to Fundraise at its sole discretion.

**Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Name of activity:** \_\_\_\_\_

**Type of activity:** \_\_\_\_\_

**Activity overview:** \_\_\_\_\_

**Proposed date and time of activity:** \_\_\_\_\_

**Location of activity:** \_\_\_\_\_

**Number of expected attendees:** \_\_\_\_\_

I accept the above reference conditions

Signed: \_\_\_\_\_  
Date: \_\_\_\_\_