



LINDEN GARDENS
RAINFOREST RETREAT

FUNDRAISING DONATION APPLICATION

Please fill in this form and send to Linden Gardens Rainforest Retreat at the address or fax number below.
Please send any other information that you feel is relevant to the decision making process.

ORGANISATION DETAILS

Organisation: ABN Number:

Contact:

Contact's Position:

Contact Email:

Contact Telephone: Website:

FUNDRAISING EVENT DETAILS

Event Name: Event Date:

Details of Event:

Fundraising Type Raffle Door Prize Silent Auction Auction

Further Marketing Opportunities available

Date Response Required by Date Voucher required by

As an authorised representative of this organisation I hereby declare that this organisation is a not for profit organisation and the event detailed above is a legitimate fundraising event. I also declare that all monies received through the raffling or auctioning of items at the event contribute directly to the intended recipient of the Event.

Signed Dated