



FUNDRAISING AGREEMENT

Name: _____

Company Name: _____

Address: _____

Suburb: _____ Post Code: _____

Email: _____ Phone number: _____

Name of activity: _____

Proposed date/time of your event: _____

Address/venue of event: _____

Fundraising target: _____

Please describe how donations will be collected and paid to NeuRA (i.e. individual donations, online donations via NeuRA website, cash collected and paid to NeuRA by bank transfer etc).

Resource Request (*NeuRA Magazine*, brochures, media support, involvement by NeuRA team):

Please state any other beneficiaries from this event (if any):

OFFICIAL AGREEMENT BETWEEN

..... and NeuRA Foundation

EXECUTED as an agreement.

I hereby agree that I have read and agree with all the Fundraising Guidelines for NeuRA Foundation. I understand that all guidelines must be adhered to.

Signature of fundraiser

Date

Please mail or email this form back prior to your event to:

Events Team
NeuRA Foundation
PO Box 1165
Randwick NSW 2031
Email: events@neura.edu.au
Ph: 1300 888 019