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[LinkedIn.com/company/rmhnf](https://www.linkedin.com/company/rmhnf)
[Facebook.com/rmhnf](https://www.facebook.com/rmhnf)
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ABN: 25 741 608 900

Pioneering world-leading research to combat the global burden of brain disease;
Brain Tumour, Stroke, Dementia, Epilepsy, Multiple Sclerosis and Movement Disorders

PROPOSAL TO FUNDRAISE

CONTACT DETAILS

Title: _____ Name: _____

Company/ABN (if applicable): _____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

E-mail Address: _____

Phone Number: _____

EVENT DETAILS

Event Title: _____

Start Date: ____ / ____ / ____ End Date: ____ / ____ / ____

Start Time: ____ : ____ AM/PM End Time: ____ : ____ AM/PM

Event Location: _____

Event Summary & Objective: _____

Supporting: Neuroscience Specialty (optional)

Brain Tumour - Stroke - Dementia - Epilepsy - Multiple Sclerosis - Movement Disorders

PROMOTIONAL ASSISTANCE

Please select if you require any of the following assistance from the Foundation:

Use of Logo*: Online Print E-mail Other

*Details: _____

Tax Receipt Booklet Branded Balloons Donation Pins Brochure
 Team Member Attendance at Event Foundation Social Media Post^

^Please include preferred post wording up to 100 words and up to 5 images via e-mail, for review

[Conditions apply to all of the above and are subject to availability. We will be in contact to discuss your needs]

PAYMENT METHOD

On completion of fundraising, I/we wish to transfer funds by:

Bank Transfer (EFT) Credit Card Cheque Other/TBC

AGREEMENT

As the organiser of the proposed event, I have read and agree to the Fundraising Guidelines of the Royal Melbourne Hospital Neuroscience Foundation and indemnify the Foundation from and against any claims of injuries or damage arising at or from the event that is outlined in the above application.

I understand the Royal Melbourne Hospital Neuroscience Foundation reserves the right to withdraw approval for the fundraising event/activity at any time, if it appears there is a likelihood of the Fundraiser failing to adhere to any of the Fundraising Guidelines.

Name of Applicant: _____

Signature: _____ Date: _____

SUBMIT TO

E-mail: neuro.foundation@mh.org.au
Attn: Fundraising Coordinator

Post: RMH Neuroscience Foundation
PO Box 2116
Royal Melbourne Hospital VIC 3050

THANK YOU FOR YOUR SUPPORT

