

Fundraising Agreement



Thank you for supporting children and young people with disabilities and their families. This form is not Mandatory to complete but will help us to support you.

Title: _____ First Name: _____

Surname: _____

Name of your business/group/club: _____

Position: _____

Address of main contact: _____

Address: _____

Email: _____ Postcode: _____

Telephone number: _____

Gender: _____ Pronoun: _____ Age: _____ DOB: _____

Please describe what activity you are planning to raise vital funds for Gympanzees:

Date of activity: _____ Location: _____

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Fundraising target if known or willing to share: _____

Social media accounts, tags names and hashtags: _____

Would you be willing to share your fundraising or personal story with us for social media:
(Please circle your answer) Yes / No

Would you like to opt in to our marketing preferences to hear more about Gympanzees:
(Please circle your answer) Yes / No

Would you like any merchandise to support your fundraising? (The number of t-shirts will be calculated by the fundraising target you set) Yes / No

Terms and Conditions:

We understand the terms and conditions in which any fundraising activities benefiting Gympanzees needs to operate. We will endeavour to ensure that Gympanzees representatives are informed of the development of any fundraising concepts and approve any promotional material or media releases citing Gympanzees as the beneficiary. I also understand that Gympanzees brand guidelines are met and any use of their logo is done so directly from the charity. I understand my obligations with regards to sending the proceeds raised to Gympanzees within 30 days. I also understand that Gympanzees have the right to communicate with me regarding the remittance of my donation in a timely manner.

I, (lead fundraiser), agree to conduct my event / activity (event/activity name) in a manner which upholds Gympanzees integrity, professionalism and values. I agree to inform Gympanzees if the details of my event/activity deviates from those stated on this form.

Print Name: _____

Signature: _____

Date: _____