

12/09/2023

ALH Group
Level 1 152 Oxford Street
BULIMBA QLD 4171

Supporter ID: CHF-005990

Letter of Authority to Fundraise

I am delighted to provide you with authority to raise funds on behalf of the Children's Hospital Foundation Queensland. We understand you will be raising these funds through the ALH Christmas Appeal and general fundraising throughout the year.

This letter constitutes an official authorisation to fundraise on our behalf, conditional that the Children's Hospital Foundation Fundraising Guidelines are met, along with adherence of the relevant state legislation and permit requirements. For more information, please visit the Office of Fair Trading [website](#).

Your authorisation to fundraise is valid from 1/11/2023 until midnight, 31/10/2024.

I wish you all the best with your fundraising. Please do not hesitate to contact me if you require any further support or advice on 07 3606 6100.

Thank you for being the difference for sick kids.

Kind Regards



Leslie Heagney
Partnerships Manager

**The difference
every kid deserves**

PO Box 8009
Woolloongabba QLD 4102
ABN 11 607 902 687



(07) 3606 6100



info@childrens.org.au



childrens.org.au



Children's Hospital Foundation Requirements

- When mentioning the Children's Hospital Foundation ("the Foundation") in correspondence, advertising, publicity or literature for the event, the copy / design must be approved by, and signed off by, the Foundation before submission to print / broadcast, or production. This includes the use of the logo. Please note that all media contact will be handled by the Marketing and Communications team at the Foundation, unless otherwise agreed.
- The fundraiser is not to conduct activities that could bring the Foundation's reputation into disrepute in any way.
- Within a month of the completion of your event, funds raised must be forwarded to us. Funds must be accompanied by all relevant paperwork pertaining to your fundraising, including a statement of earnings (see attached).
- Any items provided to assist in fundraising (including collection tubes or buckets) belonging to the Foundation must be returned in the condition provided. A cost may be incurred for the replacement of any lost or damaged property.
- The organising committee and individuals should cover all expenses incurred in the planning and implementation of the event. The Foundation will not accept invoices relating to expenses resulting from the event. Should the fundraiser have any questions or concerns we will be happy to discuss.
- The Foundation must be advised in advance if you purchase any prizes or distribute tickets free of charge.
- You will be responsible for obtaining public liability insurance for your event. The Foundation does not carry liability insurance on behalf of our fundraisers.
- Ensure your fundraising event expenses do not exceed 30% of total income.

Thank you for your support and being the difference every kid deserves.



Fundraising Activity Banking Form

Supporter ID: CHF-005990

Once your Fundraising Activity Banking form is complete, please fill in and return this form with your chosen payment details within 14 days. Please also return all emptied collection tins so we can reuse them for other fundraisers and keep costs low.

1

Total Funds raised

The total gross income generated by the fundraising activity before expenses is: \$ _____

2

Expenses

Fundraising Activity had no expenses or all expense are being covered by the Fundraising Organiser.

Expenses have been deducted to the total of: \$ _____

For further information about which items can be claimed as expenses please refer to the fundraising guidelines.

Date	Supplier	Description	Amount
			\$
			\$
			\$
			\$

Please detail all expenses above and provide receipts attached to this form.

3

PAYMENT DETAILS

The total donation to the Children’s Hospital Foundation (less expenses): \$ _____

CREDIT CARD

Visa Mastercard Amex Diners Club

Card Number:

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Expiry:

M	M
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Y	Y
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Name(s) on card: _____

Signature: _____

DIRECT DEPOSIT

Account Name: Children’s Hospital Foundation

Bank: Westpac

BSB: 034001

Account Number: 134284

Date of Deposit: ___/___/___

Deposit Reference: CHF-005990

CHEQUE / MONEY ORDER

Made payable to Children’s Hospital Foundation

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PLEASE RETURN TO

MAIL

PO Box 8009, Woolloongabba QLD 4102

EMAIL

partnerships@childrens.org.au