

Please return this completed form to Email: autismwa@autism.org.au Post: Locked Bag 2 SUBIACO WA 6904 Fax: 08 9489 8999

Fundraising Application Form

Please review our Fundraising guidelines at www.autism.org.au/donations/how-you-can-help.aspx

Fundraisers C	onta	ct Det	ails
Contact Name:	Mr	Mrs	Ms
Organisation nam	e: (if a _l	pplicable	э)
Position: (if application)	able)		
Contact Tel:			Mobile:
Contact Email:			
Postal Address:			
Website: (if applic	able)		
Event / Activit (Once approved y			vent/activity: be listed on our website)
Name of event/ac	tivity:		
Location of event	activit	y:	
Description of eve	ent/act	ivity:	
l			(signature of fundraiser) Autism Association of Western Australia's Fundraising Guidelines.
have read and un	dersto	od the A	Autism Association of Western Australia's Fundraising Guidelines.