



**ST GEORGE HOSPITAL & COMMUNITY HEALTH SERVICE  
EXTERNAL FUNDRAISING FORM**

For external person/s or groups who wish to fundraise for St George Hospital

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Name of Coordinator: \_\_\_\_\_

Name of Organisation/Business (if applicable):

\_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Type of fundraising activity proposed:** (Activities requiring authorisation include raffles, fetes, dinners, donation boxes, direct mail, art unions etc):

\_\_\_\_\_

\_\_\_\_\_

**Details of Fundraiser/Event/Proposal** (*plan, aim, estimated number of people, timeline*):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date and Time of Event: \_\_\_\_\_

Location: \_\_\_\_\_

Proceeds to be donated to: (Name of department/service)

\_\_\_\_\_

**Have you raised funds for St George Hospital & Community Health Service before?**  
(If yes, please advise of last fundraising event)

When? \_\_\_\_\_

How? \_\_\_\_\_

**Event budget:**

- *The event cannot be used for your own direct commercial gain or profit*
- *The event must have the potential for financial success so that neither the organisers or St George Hospital & Community Health Service are liable for unpaid expenses*

- *Accounting for funds received and expended must be to a standard acceptable to St George Hospital & Community Health Service*
- *St George Hospital & Community Health Service must be made aware of major expenses prior to the event*

**\* Please note that gross expenditure is not to exceed 40% of gross income.**

**Proposed Expenditure**

**Total** \$ \_\_\_\_\_

**Anticipated Income**

**Total** \$ \_\_\_\_\_

**Estimated donation to St George Hospital**

*(i.e. total income-total expenditure)* \$ \_\_\_\_\_

I have received a copy of the guidelines that I must abide by and I agree to conduct all fundraising activities in conjunction with these guidelines.

**Name of person coordinating the event:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return completed form and any other accompanying documentation to:

Ms Bronwyn Jones  
 Fundraising Coordinator  
 Community Partnerships Unit  
 St George Hospital  
 Gray Street  
 KOGARAH NSW 2217  
 Ph: (02) 9113 2901  
 Fax: (02) 9113 3960  
 Email: [bronwyn.jones@sesiahs.health.nsw.gov.au](mailto:bronwyn.jones@sesiahs.health.nsw.gov.au)

**If approved by the General Manager an authority to fundraise on behalf of St George Hospital will be forwarded to you along with a copy of this signed form.**

**AUTHORISATION BY CATH WHITEHURST, GENERAL MANAGER, CENTRAL HOSPITAL NETWORK:**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If you require further information please contact the Fundraising Coordinator on (02) 9113 2901**

**Office Use Only**

Copy to be forwarded to:

- Director, Finance & Corporate Services – Central Hospital Network
- Relevant Department Head/Service Director
- Community Partnerships Officer, Central Hospital Network
- Manager, Community Partnerships