Calvary | Mater Newcastle

Hospitals
Home Care
Virtual Care
Retirement Living
Residential Aged Care

Fundraising Proposal

Event details

Proposed activity, event or function _____

Date of event or activities From ___/___/____ To ___/___/____

Address of venue or activity _____

_____

Fundraising goal

Fundraising Target $_____

Activity / Event Description _____

_____

_____

Have you raised funds for us before? ☐ Yes ☐ No

Raising money for Calvary Mater Newcastle

Area / Unit / Type of Research _____

Depositing funds

Where will monies be deposited and who is responsible for this deposit?

Name of individual/group/other _____

Address _____

_____

Contact person(s) _____

Email _____

Phone _____

Signature of applicant _____

Please send completed form to Enquiries

Public Relations
Calvary Mater Newcastle
Awabakal Country, Locked Mail Bag 7, HRMC
NSW 2310

Public Relations
02 4014 4714
02 4014 4712

OFFICE USE ONLY
Date received _____
_____
_____
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