



Perth Blood
INSTITUTE

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New Discovery. Better Care.

COMMUNITY FUNDRAISING & REGISTRATION FORM

CONTACT DETAILS OF FUNDRAISING EVENT OR ACTIVITY ORGANISER

Name of the Organiser _____
Company (if applicable) _____
Address _____ Postcode _____
Telephone _____ Mobile _____ Email _____

DETAILS OF THE FUNDRAISING EVENT

Category (please tick) ☐ Company ☐ Individual ☐ Club ☐ School
Name of fundraising Event _____
Description of fundraising Event _____

Date of fundraising Event _____
Location of Event _____
Contact for the Event or Activity _____
Cost of Event (if applicable) _____
Is the fundraising event open to the general public? ☐ YES ☐ NO

OTHER DETAILS

Event Type (please tick) ☐ one off event ☐ ongoing event ☐ annual event
The number of people expected to attend the event _____
Amount you aim to raise for The Perth Blood Institute \$ _____

ACKNOWLEDGEMENT OF TERMS AND CONDITIONS

Please sign below to acknowledge that you have read the attached Terms and Conditions to fundraise for The Perth Blood Institute Limited and that you accept and agree to them.

Signature _____
Name (please print clearly) _____
Date: _____