

**EXTERNAL FUNDRAISING ACTIVITY  
COMPLETION FORM**

**Applicant's Name:** \_\_\_\_\_

**Authorisation No:** \_\_\_\_\_

**Activity Description:** \_\_\_\_\_

**Date of Activity:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

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

**Suburb:** \_\_\_\_\_ **Post Code** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Amount raised:** \_\_\_\_\_

**Recipient:** \_\_\_\_\_

**(Hospital/Department/Ward/Unit)**

Please enclose the funds raised at your event. If funds are deposited directly to the Hospital Cashier then a copy of the receipt must be provided along with this form.

- Cash** (Do not post. Cash must be delivered to the Hospital's Cashier)
- Cheque**

**Please note:**  
**Donations whereby the donors give money and receive nothing in return are tax deductible.**  
**Auction items, entry tickets, lucky envelopes etc – are NOT tax deductible.**

Please mail this form back along with the 'Statement of Income and Expenditure for External fundraising' within 14 days of following the completion of the external fundraising activity:

**Attention: ISLHD Financial Services**  
**Private Mail Bag 3**  
**Port Kembla NSW 2505**  
[ISLHD-Financebank@health.nsw.gov.au](mailto:ISLHD-Financebank@health.nsw.gov.au)