



EXTERNAL FUNDRAISING ACTIVITY COMPLETION FORM

Applicant's Name: _____

Authorisation No: _____

Activity Description: _____

Date of Activity: _____

Company Name: _____

Address: _____

Suburb: _____ Post Code _____

E-mail address: _____

Amount raised: _____

Recipient: _____

(Hospital/Department/Ward/Unit/Program)

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.

Contact for ISLHD District Fundraiser:

Questions best directed via email: ISLHD-Fundraising@health.nsw.gov.au
If required, phone our Corporate Communications on call at 0422 003 764

Please mail (info below) or scan and email to the Fundraiser above, including this form along with the 'Statement of Income and Expenditure for External Fundraising' within 14 days 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
(02) 4267 731