

Charity and Community Assistance Request Form



Charity Name: _____ Date of Request: _____

Charity Event: _____ Charity Event Date: _____

Contact Name: _____ Position: _____

Street Address: _____

Suburb: _____ Postcode: _____

Postal Address: _____

Suburb: _____ Postcode: _____

Telephone: _____ Mobile: _____

Email: _____ Fax: _____

Brief Description of Organisation / Nature of work: _____

Type of support requested: _____

Please indicate if and how the support will be acknowledged: _____

OFFICE USE ONLY

Manager (sign): _____ APPROVED DECLINED Date: _____

LEVEL OF SUPPORT OFFERED

• Tour Voucher/s: _____ Value: _____

• Purchase from Charity: _____ Value: _____

• Other (describe): _____ Value: _____

• Hospitality Event: _____ Event Date: _____

Venue: SCG SFS **Facility:** PS CB Club SFS Club SCG

No of Tickets: _____ Account Code Allocated: _____ Value: _____

Catering: Canape In-Seat Buffet Buffet **Beverage Inclusive:** Yes No

Catering Ordered: _____

Tickets Printed: _____

Date Prize Dispatched: _____ Dispatch Method: _____

Item Recorded: Hospitality Master File Charity Register Charity Calender Mktg Masterfile