

# SPEAK UP! Stay ChatTY Authority to Fundraise Form

Before beginning any fundraising activities on behalf of SPEAK UP! Stay ChatTY, please complete this form and send to [staychatty@relias.com.au](mailto:staychatty@relias.com.au)

## Personal details

Contact person: \_\_\_\_\_

Company name: \_\_\_\_\_

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

Suburb: \_\_\_\_\_

State: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone number: \_\_\_\_\_

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

Are you over 18? YES:  NO:

Why are you passionate about Stay ChatTY? \_\_\_\_\_

## Fundraising information

Name of your event/activity: \_\_\_\_\_

Please share some information about  
your event/activity: \_\_\_\_\_

Fundraising target: \_\_\_\_\_

Estimated number of people involved in  
your event/activity: \_\_\_\_\_

Date/s of your event/activity: \_\_\_\_\_

Venue name and address: \_\_\_\_\_



*Relationships Australia*  
TASMANIA

Email: [staychatty@relias.com.au](mailto:staychatty@relias.com.au)  
[www.staychatty.com.au](http://www.staychatty.com.au)

Find us on:



# SPEAK UP! Stay ChatTY Authority to Fundraise Form

Would you like Stay ChatTY resources and promotional items at your event? YES:  NO:

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Would you like donation tins? YES:  NO:

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Will you be holding a raffle? YES:  NO:

If yes, provide details

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Will you be raising funds for any other charities at this event? YES:  NO:

If so, who?

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Will you be holding an auction? YES:  NO:

If yes, provide details

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Would you like a someone in the Stay ChatTY team to come along to your event? YES:  NO:

If yes, provide details

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Other relevant information

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Would you like to subscribe to the Stay ChatTY newsletter? YES:  NO:

**ACKNOWLEDGEMENT:** I understand this form will be reviewed by the SPEAK UP! Stay ChatTY Team to ensure my event/activity aligns with SPEAK UP! Stay ChatTY's mission, values & key messages. I acknowledge that, pending approval, I will be provided with Branding & Fundraising Guidelines from SPEAK UP! Stay ChatTY and I will do my best to comply with those guidelines.

In the preparation and execution of my event/activity I will ensure legal compliance and consider the safety and security of all participants. Further I understand that I will be responsible for public liability insurance and workers compensation insurance for the event/activity.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

To donate or transfer funds, please use our *mycause* account

1. Go to **www.staychatty.com.au**
2. Click "Donate"

For donation tins or cash donations, please email us at **staychatty@reitas.com.au**

## OFFICE USE ONLY

Approved by: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Event number: \_\_\_\_\_

Donation tin: \_\_\_\_\_



Email: [staychatty@reitas.com.au](mailto:staychatty@reitas.com.au)  
[www.staychatty.com.au](http://www.staychatty.com.au)

Find us on:

