

INCORPORATED BY ACT OF PARLIAMENT SINGAPORE RED CROSS SOCIETY (INCORPORATION) ACT (CHAPTER 304) PATRON - HER EXCELLENCY THE PRESIDENT OF SINGAPORE

## THIRD PARTY FUNDRAISING REGISTRATION FORM

Thank you for choosing the Singapore Red Cross (SRC) as the beneficiary of your fundraising activity. Please complete and return a signed copy of this form to the Resource Development team to indicate your intention to raise funds for the Red Cross.

| FUNDRAISER DETAILS:                                     |  |                      |  |       |      |  |
|---|--|----------------------|--|-------|------|--|
| Name:   |  |                      | Title: Mr/Mrs/Ms/Dr                      |       |      |  |
| Organisation:   |  |                      | UEN No:                                  |       |      |  |
| Address:  |  |                      | Postcode:                                |       |      |  |
| Position held by event coordinator (if applicable):     |  |                      | NRIC No: (If tax deduction is required.) |       |      |  |
| Contact No:   | (Office)   | (Mobile)             | Email:                                   |       |      |  |
| Secondary Contact:                                      | (Name)   | (Mobile)             | Email:                                   |       |      |  |
| DETAILS OF YOUR FUNDRALS Please complete detailed propo |  | attached document    |  |       |      |  |
| Name of the fundraising event                           | activity:  |                      |  |       |      |  |
| Date and Time of proposed fund                          | draising event / activity :  |                      |  |       |      |  |
| Venue / Address of proposed fu                          | ndraising event / activity:  |                      |  |       |      |  |
| Description and purpose of prop                         | posed fundraising event / activity                                     | /:                   |  |       |      |  |
| REQUEST FOR DONATION TINS / BOX:                        |  |                      | Please tick                              | Tins: | Box: |  |
| Type of Collection: Private / Pul                       | Number of Tins / Box   | xes / Terminals:     | Small tin (14.5 x 10cm)                  |       |      |  |
| Proposed Location for placemen                          | nt of donation tin: Cashier Count                                      | ter / Entrance / Boo | oth / Others:                            |       |      |  |
| Duration of Placement: From                             |  | to                   |  |       |      |  |
|   | elp Singapore Red Cross in coll<br>provided in this application are tr | •                    |  |       |      |  |
| Authorised Signature / Date / Con                       | npany Stamp (if applicable)  |                      |  |       |      |  |
|   | RED CROSS II   | NTERNAL USE ON       | <u>ILY</u>                               |       |      |  |
| Received by & Date:                                     | Fundraising Pe   | rmit: No / Yes - Per | mit No:                                  |       |      |  |
| Proceeds to be assigned to :                            | General Fund Overseas F  | Relief Fund Other    | s:                                       |       |      |  |
| Remarks / Program:                                      |  |                      | Approved / Rejected                      |       |      |  |
|   |  |                      |  |       |      |  |
| Recommended by / Date (HOD)                             |  |                      | Approved by / Date (SG / DSG)            |       |      |  |

## **Third Party Fundraising Proposal Form**

| Description/Mechanics of the fundraiser:  Eg: sales of books via online and physical platforms, ticket proceeds from online concert |
|---|
| Method of fundraising (how will funds be raised):   |
| Estimated number of participants & Guest of Honour (if applicable):   |
| Samples of promotional collaterals (if applicable):   |
| Do you require any assistance/material from Singapore Red Cross?  |
| What proportions of funds raised do you intend to donate to Singapore Red Cross?  |
| Are there any other charities/non profit organization to benefit also from this event? (If so, please list)                         |
| Total estimated collection and cost. Details of expenditure (eg: Venue cost, Printing, Hire of equipment etc):                      |
| Estimated Net Revenue to be donated to Singapore Red Cross:   |
| How donations derived are monitored/accounted?  |

I / We confirm our intention to help Singapore Red Cross in collecting funds for the above mentioned purpose I / We, declare the information provided in this application are true to the best of my / our knowledge.

Authorised Signature / Date / Company Stamp (if applicable)