Title



First Name



Last Name



Are you doing this on behalf of a company?



Email:

Phone:

FUNDRAISING DETAILS

Have you raised funds for the Daner’s Hope Foundation before?



Name of Fundraiser/Event:



Description of the activity or event including venue or location



Proposed date / timeframe of your fundraiser



Why did you decide to raise funds for the Daner’s Hope Foundation?

 Support DHF in its mission to end cancer

 Relative or friend affected by cancer

 I have personally been affected by cancer

 Other

How much money do you aim to raise for the ACRF?



Are you over 18?



 Tick to confirm that you have read and agree to abide by fundraising guidelines & legislation (found on the right of this form).