



# SINGAPORE RED CROSS SOCIETY

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:
Contact No:	(Office)	(Mobile)	Email:
Secondary Contact:	(Name)	(Mobile)	Email:

### DETAILS OF YOUR FUNDRAISING EVENT / ACTIVITY:

Please complete detailed proposal of your fundraising event in attached document

Name of the fundraising event / activity:

Date and Time of proposed fundraising event / activity :

Venue / Address of proposed fundraising event / activity:

Description and purpose of proposed fundraising event / activity:

<b>REQUEST FOR DONATION TINS / BOX:</b>	Please tick	Tins:	Box:
Type of Collection: Private / Public	Number of Tins / Boxes / Terminals:	Small tin (14.5 x 10cm)	

Proposed Location for placement of donation tin: Cashier Counter / Entrance / Booth / Others:

Duration of Placement: From \_\_\_\_\_ to \_\_\_\_\_

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)

### Third Party Fundraising Proposal Form

#### Description/Mechanics of the fundraiser:

Eg: sales of books via online and physical platforms, ticket proceeds from online concert

### RED CROSS INTERNAL USE ONLY

Received by & Date:	Fundraising Permit: No / Yes - Permit No:
Proceeds to be assigned to : <input type="checkbox"/> General Fund <input type="checkbox"/> Overseas Relief Fund Others:	
Remarks / Program:	Approved / Rejected

Recommended by / Date (HOD)	Approved by / Date (SG / DSG)
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<b>Method of fundraising (how will funds be raised):</b>
<b>Estimated number of participants &amp; Guest of Honour (if applicable):</b>
<b>Samples of promotional collaterals (if applicable):</b>
<b>Do you require any assistance/material from Singapore Red Cross?</b>
<b>What proportions of funds raised do you intend to donate to Singapore Red Cross?</b>
<b>Are there any other charities/non profit organization to benefit also from this event? (If so, please list)</b>
<b>Total estimated collection and cost. Details of expenditure (eg: Venue cost, Printing, Hire of equipment etc):</b>
<b>Estimated Net Revenue to be donated to Singapore Red Cross:</b>
<b>How donations derived are monitored/accounted?</b>

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I / We, declare the information provided in this application are true to the best of my / our knowledge.

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**Authorised Signature / Date / Company Stamp (if applicable)**