

ST KILDA FOOTBALL CLUB REQUEST FORM



Please post to:

Community Programs Manager

St Kilda Football Club

PO Box 2109

Seaford VIC 3198

Or email to: donations@saints.com.au

CONTACT DETAILS

Contact Name: _____ Company Name: _____

Postal Address: _____ State: _____ Postcode: _____

Phone: _____ Mobile: _____ Email: _____

Charity Number (If applicable): _____ Membership Number (If applicable): _____

CHARITY DETAILS

Charity Name: _____

Charity Mission Statement / Aim: _____

Where the money raised will be directed: _____

FUNDRAISING EVENT DETAILS

Event (Auction, Raffle etc): _____

Date of Event: _____ Event Venue: _____

ALTERNATIVELY PLEASE ATTACH THESE DETAILS ON ORGANISATION LETTERHEAD.

PREFERRED ITEM REQUIRED (Choosing an item below does not guarantee that you will receive this, or any item.)

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Signed jumper

Signed poster

Signed cap