



Australian Chinese Medical Association (Victoria) Inc.

澳洲維省中華醫學會

I have read the ACMAV Donations Policy.

Name and title of contact person for correspondence		
Postal address		
Email address		
Work phone	Mobile phone	Fax
Previous community/ charitable work (please attach your CV if relevant)		

Organisation name (if applicable)	
Is the organisation registered for GST? (please tick one only – double click the box and click 'checked')	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the organisation been granted Deductible Gift Recipient (DGR) status? If yes, please attach documentary evidence of this.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type of organisation (please tick one only)	
<input type="checkbox"/> Incorporated Association <input type="checkbox"/> Company Limited by Guarantee <input type="checkbox"/> University / school	<input type="checkbox"/> Government department / agency <input type="checkbox"/> Other (please specify) _____

Project Name & Summary (maximum 100 words)		
Project Start Date	Project End Date	Amount requested \$

What geographical area/s will benefit from this project? (e.g., China, East Asia)



Australian Chinese Medical Association (Victoria) Inc.

澳洲維省中華醫學會

Who and how many people will benefit from your project? (i.e. target group / communities)

--

What do you hope to achieve with your project?

--

In which of our priority focus areas would you include your project?

<input type="checkbox"/> Medical Professional Development	<input type="checkbox"/> Specific Individual Treatment
<input type="checkbox"/> Consumer Education	<input type="checkbox"/> Disaster Relief
<input type="checkbox"/> Community Development	

How will ACMAV be involved in this project? (e.g. partnership, member involvement)

--

How much money are you seeking from us (in total)? \$

DECLARATION

This declaration must be signed by an authorised representative of the recipient of the donation fund.

I have read the Australian Chinese Medical Association (Victoria) Inc Donation's Policy. I certify that all the information provided is current and correct, and I give permission to Australian Chinese Medical Association (Victoria) Inc to contact any relevant persons or organisations in the processing of this application.

Signed _____

Name _____

Position in organisation _____

Date _____

SUBMITTING YOUR APPLICATION

Support Materials

You may wish to send materials in support of your application; however, we regret that your materials can not be returned to you. If you wish to send support materials with your application, please send copies and not the originals.