

# RECYCLOBOT



## FUNDRAISING APPLICATION FORM

Full Name :

Designation :

E-Mail :  Phone:

Organization name :

Address :

ABN :

Website :

### Main Community benefits/focus

- |  |  |
|--|--|
| <input type="checkbox"/> Animal Welfare        | <input type="checkbox"/> Health                      |
| <input type="checkbox"/> Sporting group & Club | <input type="checkbox"/> Child Support               |
| <input type="checkbox"/> School                | <input type="checkbox"/> Environmental service       |
| <input type="checkbox"/> Community Service     | <input type="checkbox"/> Disaster relief             |
| <input type="checkbox"/> Education             | <input type="checkbox"/> Others <input type="text"/> |

Date :  /  /   
D D M M Y Y

Please fill all the fields and email it to us at [contact@recyclobot.com.au](mailto:contact@recyclobot.com.au)