



FUNDRAISING EXPRESSION OF INTEREST FORM

Description of Fundraiser

Category

Jacob's Well's Greatest Need Jacob's Well Specific Project

Specific Project Description _____

Timeline

Commencement Date _____ Finish Date _____

Objectives

ie: Raise xx \$ for x, sign up xx new child sponsors, reach xx new people etc.

Fundraiser Contact Details

Name _____

Address _____

Phone _____ Mobile _____

Email _____

Signature _____

*Please post this completed form to Jacob's Well PO Box 680 Glen Waverley Australia 3150
or email info@jacobswell.org.au*