



STREET COLLECTIONS STATEMENT (Form 3)

Street Collections [Regulation] Act (1940)

DETAILS OF ORGANISATION

Name: _____

Address: _____

_____ Postcode: _____

Telephone No: _____ Facsimile: _____

DATE OF APPEAL: _____

RECEIPTS

Gross Proceeds of Collections \$ _____

LESS EXPENSES

Advertising \$ _____

Printing/Stationery \$ _____

Other \$ _____

*Salaries \$ _____

Net Proceeds \$ _____

*No payment by way of reward/salary shall be paid to any collector participating in the Appeal unless the prior approval of the Minister has been obtained.

I CERTIFY THAT THE ABOVE MONIES WERE BANKED AND THE EXPENSES INCURRED ARE TRUE AND CORRECT.

SIGNATURE OF OFFICE HOLDER _____

Charitable Collections Advisory Committee

Ground Floor
"Forrest Centre"
219 St George's Terrace
Perth WA 6000

Postal Address:
Locked Bag 14
Cloisters Square WA 6850

Charities Advice Line

8.30am to 5pm
Monday to Friday
(excluding Public Holidays)
Tel: 08 9282 0832
Fax: 08 9282 0948
Email:
consumer@docep.wa.gov.au

Country Callers:

1300 304 054
(local call cost)

TTY

Tel: 08 9282 0900

General Advice Line:

1300 304 054
During normal office hours only

Web Site:

www.docep.wa.gov.au/charities

This Statement must be returned within 30 days of the appeal to the above address.