




Hello

Thank you for thinking of raising funds in aid of the charity, we are very grateful!

To register your fundraising activity with us, please complete the form below and sign the attached agreement. Then please return it to us at the address below. We need it so that we can allocate you with a fundraising number which we would like you to use when paying any funds in that you have raised. This is so we know where the money has come from and which department it is to benefit 😊

Your details please:

Name:		Title:
Home Address:		Work Address:
Post code:		Post code:
Contact number:	Date of birth:	
Email:		
What is your fundraising activity?		
Which department would you like your fundraising to benefit?		
Date of Event:	Target amount:	
How can we help?	Please tick if you would like any of the following fundraising aids:	
	<input type="radio"/> Donation Can <input type="radio"/> Sponsor forms <input type="radio"/> Charity logo (by email jpg) <input type="radio"/> Fundraising ideas	
Data Protection: We will not share your details with any other organisations. We would however like to keep in touch occasionally with news of our work and fundraising activities, using the contact details you have supplied. Please tick here to let us know you are happy to be contacted, thank you. <input type="checkbox"/>		

Good luck with your fundraising! Every penny you raise will make a difference to the department you are supporting, thank you! 



AGREEMENT

AGREEMENT No: _____

DATE: _____

In favour of the Northamptonshire Health Charitable Fund (Registered Charity No. 1165702)

I confirm that when carrying our fundraising activities in aid of Northamptonshire Health Charitable Fund I will adhere to the following:

1. On all appeals, receipts and other literature given to the public I will state that I am raising money for Northamptonshire Health Charitable Fund and that the fund is a registered charity
2. I will inform the Fundraising Department of the Northamptonshire Health Charitable Fund in advance of all events and activities I am hoping to carry out for the Charitable Fund. If any activity is of a continuing nature, I will provide such information on a regular basis.
3. I will provide the Fundraising Department of the Northamptonshire Health Charitable Fund with details of the sums raised and expenses incurred within 4 weeks of the particular fundraising activity. I accept that while I may claim (properly documented) out-of-pocket expenses from the funds raised, the funds may not be used to employ or provide remuneration, to anyone (including myself) who may be involved in this fundraising activity.
4. **All sums due to the Charitable Fund will be paid over within 28 days of receipt with appropriate documentation and quoting the Agreement Number. Cheques must be forwarded to the Charity and should be made payable to Northamptonshire Health Charitable Fund.** Cash should be paid into the cashiers' offices situated at Berrywood, St Mary's and at the Billing Road entrance of Northampton General Hospital. Northamptonshire Health Charitable Fund does not take responsibility of money until the Charity has received it.
5. I understand that Northamptonshire Health Charitable Fund may institute legal proceedings against me to enforce their rights under this agreement. If it is found that I have breached this agreement, I will then pay to Northamptonshire Health Charitable Fund all costs which may have been incurred.

Please complete the forms and return them to the charity office at the address / email below. We will sign the agreement on behalf of the Charity, send you a copy of it and one will be kept on file in the charity office.

Fundraiser's signature.....Date.....

Charity's Signature.....Date.....
(duly authorised to sign on behalf of the charity)