

Tell Us About Your Fundraising Event

Title:	First Name:	Surname:
Address:		Postcode:
Email Address:		
Telephone (Mobile):	Telephone (Home):	
Event:		
Event Date and Time:	Your Fundraising Target: £	
Event Venue and Address (if applicable):		
Tell us a bit more about your Fundraising Event:		
Do you have a special reason for choosing Springhill Hospice to benefit from your Fundraising?		
Online Fundraising Address (Just Giving, BT My Donate, etc):		
Does your work place offer match funding: <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of workplace:	
Can we feature your event on the Hospice website and/or any relevant social media posts? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Would you like a Springhill Hospice representative to come to your event? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<i>Please note whilst we will try to arrange for someone to attend we cannot guarantee this.</i>		

Please complete the Fundraising Materials Order Form and Fundraising Agreement over the page



www.springhill.org.uk - 01706 641790 - fundraising@springhill.org.uk

Springhill Hospice, Broad Lane, Rochdale, OL16 4PZ



Registered with
FUNDRAISING
REGULATOR

Incorporated as a Company Limited by Guarantee No. 2325905.
Registered Charity No. 701798

Fundraising Materials Order Form

Paper Sponsor Forms:	YES <input type="checkbox"/> NO <input type="checkbox"/>	Literature about the Hospice:	YES <input type="checkbox"/> NO <input type="checkbox"/>
'Supporting Springhill' A2 poster:	YES <input type="checkbox"/> NO <input type="checkbox"/>	Balloons:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Letter of Authority:	YES <input type="checkbox"/> NO <input type="checkbox"/>	Support with Posters and/or Tickets:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Springhill Hospice T-Shirts:	<i>Please specify quantities</i>		
	S <input type="checkbox"/>	M <input type="checkbox"/>	L <input type="checkbox"/>
		XL <input type="checkbox"/>	XXL <input type="checkbox"/>
			Junior (9-11 yrs) <input type="checkbox"/>
Collecting Buckets:	<i>Please specify quantities</i>		
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Fundraising Agreement

By signing and returning this form I agree:

- I have read, understand and will adhere to the guidelines provided in the enclosed Fundraising Event Key Information Pack.
- I am committing to raise funds for Springhill Hospice.
- I will use my best endeavours to raise money for Springhill Hospice and not do anything to bring Springhill Hospice into disrepute.
- I will obtain and pay Springhill Hospice all money raised within six weeks of my fundraising activity.
- I will return any unused fundraising materials to Springhill Hospice.
- I will inform Springhill Hospice at the earliest possible opportunity if I have had to withdraw from or cancel my event due to injury or other circumstances.
- I understand that Springhill Hospice may terminate my rights to raise funds at any time.

Declaration

Signature: _____ Date: _____

If you are under 18, please ask your parents or guardians to give their consent by signing below:

Name: _____ Relationship: _____

Signature: _____ Date: _____

If you require assistance with completing this form or if you would like to discuss your fundraising activity, please contact us on: 01706 641790 (opt 1) or email: fundraising@springhill.org.uk

Please return this completed and signed form to:

Fundraising, Springhill Hospice, Broad Lane, Rochdale, OL16 4PG

Alternatively you can scan your signed copy and email it to: fundraising@springhill.org.uk