

External Fundraising Application



Supporting local patients, hospitals and staff

YOUR DETAILS

Name of Individual or Group	
Business Name (if applicable)	
Address	
	Post Code
Telephone Number	
e-mail	

THE FUNDRAISING PROJECT

Event Details:

Start Date:	/ /	Finish Date:	/ /
-------------	-----	--------------	-----

Are you fundraising for a particular Ward, Department or Service? Yes No (Please Detail)

How much do you intend to raise? £

Do you require assistance from Forth Valley Giving? Yes No (Please Detail)

SPONSORED EVENTS

If you are planning a sponsored event please enter the number of Sponsor Forms required:

I intend to gain sponsorship support online and do not require printed sponsor forms. Please tick box:

PLEASE READ OUR TERMS BELOW REGARDING THE PAYING OVER OF MONIES YOU HAVE COLECTED BEFORE SIGNING.
I agree to pay over all monies that I/we have collected no later than 28 days after the end date of the event stated above. Where the collection of monies is either ongoing or over a period of 6 months I agree to pay over all monies collected on a quarterly basis from the start date of fundraising activities as stated above. I agree to abide by the terms and conditions as stated on this form

Signed Date:

OFFICE USE ONLY - This Fundraising Event is approved by the Manager/Head of Department or Service.

Name Designation

Contact Number Endowment Code

Signed Date

MANAGER – Retain a copy for your records and forward the original to Forth Valley Giving before the start date of the event.
 Forth Valley Giving, Falkirk Community Hospital, Acute Headquarters, Westburn Avenue, Falkirk, FK1 5SU.
 Registered Scottish Charity No: SC035953