**External Fundraising Application**

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| **YOUR DETAILS** |
| Name of Individual or Group |  |
| Business Name (if applicable) |  |
| Address | Post Code |
| Telephone Number |  | e-mail |  |
| **FUNDRAISING ACTIVITY** |
| Event Details: |
| Start Date: |   | Finish Date: |   |
| Please tell us if you are fundraising for a Ward, Department or Service: |
| How much do you intend to raise? | £ |
| Please indicate any assistance you require from Forth Valley Giving: |
| **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: ………………………** |