**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: ………………………** | | | | | | | |