



# Fundraising Form

Please complete and return this form to Barnsley Hospital Charity, Barnsley Hospital, Gawber Road, Barnsley S75-2EP so we can hear all about your fundraiser and support you along the way!

Title \_\_\_\_\_ Full name \_\_\_\_\_

I am over 18 **YES/NO** Date of Birth if under 18 \_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**If you would like to set up an online page please visit [www.justgiving.co.uk/barnsleyhospitalcharity](http://www.justgiving.co.uk/barnsleyhospitalcharity)**

**If you have already set up a page please write the link below.**

\_\_\_\_\_

We would love to know your reasons for choosing to fundraise for Barnsley Hospital Charity.

Please provide us with some details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like to be kept informed with Barnsley Hospital Charity news and events\*

\*Your addresses will only be used to keep you up to date with Barnsley Hospital Charity. It will not be passed onto any other organisation or used for any other purpose. You can unsubscribe at any time.

## Your fundraising activity

Name of event \_\_\_\_\_

Venue/location \_\_\_\_\_ Date \_\_\_\_\_

Brief description of event \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Event Support

We have items that we can lend to you for your event. We aim to meet all requirements but due to limited stock, some items may not be available on the specific date. If there are any resources you require then please fill in the table below.

Item	Amount required
Collection Tub	
Collection Bucket	
Pop up banner	
Leaflets	
GiftAid envelopes	
Pin badges (£1 sale or return)	

### Declaration

1. I acknowledge that I am undertaking this event entirely at my own risk and that Barnsley Hospital Charity shall not be liable in anyway for any damage, injury or loss that might occur.
2. I will ensure that all fundraising is conducted in a safe and legal manner.
3. I agree to pay all charitable proceeds of the event to Barnsley Hospital Charity as soon as possible after the event.
4. I understand that I should seek medical advice from my GP if I am in any doubt about my physical ability to hold or partake in this event. I understand that Barnsley Hospital Charity will not be liable for any claim that may arise from this event.

Signed \_\_\_\_\_

Print name \_\_\_\_\_ Date \_\_\_\_\_