

Fundraising Application Form

All events should be registered. Please return the completed forms to the address below or complete on-screen and email to ndht.charity@nhs.net

Mr / Mrs / Miss / Ms Name _____

Home address _____

Postcode _____

Email _____

Day telephone no. _____ Mobile _____

Employer (if event held at work) _____

Event _____

Date _____ Venue _____

Event address _____

Phone _____

We strongly recommend that you check the owner of the premises where the event is to be held has sufficient Public Liability Insurance and insured to cover your event.
Please sign to confirm you understand that Northern Devon Healthcare NHS Trust Charitable Fund will not accept any responsibility for this event.

Signature _____

Date _____

Where would you like money raised to be spent?

Chemotherapy Appeal

General Funds

Other _____

Fundraising target _____

Where did you hear about Northern Devon Healthcare NHS Trust Charitable Fund?

Please return this form to Fundraising Department, Northern Devon Healthcare Trust, Raleigh Park, Barnstaple, Devon EX31 4JB

www.northdevonhealth.nhs.uk/fundraising