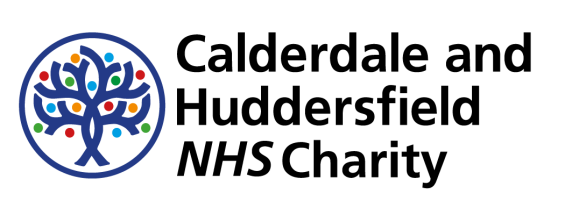
**Fundraising Agreement**

Thank you for choosing to raise funds for

Calderdale and Huddersfield NHS Charity

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Fundraiser Contact Details** | | | | |
| Your name | | |  | |
| Your address: | | | Postcode | |
| Telephone number | | |  | |
| Email address | | |  | |
| **Fundraising Activity Details** | | | | |
| **Please give details of what you will be doing to raise money** (how much would you like to raise, how you will raise money, events details) | | |  | |
| **Please specify the campaign/appeal/team/service/ward**  **to benefit from the money raised**  (We will honour the request whenever possible): | | | General NHS Trust Charitable Purposes  Specific Appeal (please state)  Specific ward or Department (please state) | |
| **Thank you for choosing to raise money for Calderdale and Huddersfield NHS Charity. What made you want to do this?** | | |  | |
| **Will you be organising a public collection?** | | | Yes/No  If yes, have you contacted your local authority for a license? | |
| **Will any other organisation benefit from your fundraising?** | | | Yes/No  Name of organisation | |
| **Agreement** | | | By signing this form, you agree you agree to the following:   1. You have read the information on our website and will ensure all activities are in line with relevant legislation and the Fundraising Regulators Code of Conduct. 2. You will donate all funds to the charity within 28 days of the money being raised, without making any deductions. 3. You will state you are raising money ‘in aid of Calderdale and Huddersfield NHS Charity’ on all communications to the public. You will not use our logo without permission. 4. You will not conduct any additional fundraising activities other than those stated on this form, or otherwise agreed with the Charity Office.   Date  Signed | |
| If we need to contact you specifically about your fundraising activity or to update the personal data we store about you, we will use the contact details above. If you would also like to receive regular communications about the work of the charity and fundraising opportunities, please tick your preferred contact methods below: | | | | |
| Email | | Telephone | | Post |
|  | | | | |
|  | Tick the box if you consent to details of your fundraising activity, including your name, being featured on the Trust websites and social media platforms. | | | |
| We promise to keep your data safe and never share it with third parties. Read our full privacy notice at [www.chftcharity.co.uk](http://www.chftcharity.co.uk) | | | | |
|  | | | | |

Calderdale and Huddersfield NHS Charity,

Huddersfield Royal Infirmary,

Lindley, Huddersfield,

HD3 3EA.

Tel. 01484 344 344.

E. [chftfundraising@cht.nhs.uk](mailto:chftfundraising@cht.nhs.uk)

www.chftcharity.co.uk