



Fundraising Department

Direct dial: 01604 545091

E.Mail: GreenHeart@NGH.NHS.UK

www.NGHGreenHeart.co.uk

NGH Charitable Fund Registered Charity No. 1051107

Dear <Name>

We confirm your commitment to raise funds in aid of Northampton General Hospital Charitable Fund and ask that you take a few minutes to complete the details below and return with the signed agreement form.

We would like to wish you luck with your fundraising endeavours; every penny you raise will have a real impact and will ensure we can continue to support the hospital to provide excellent clinical care at the heart of the community.

Please keep in touch with us as we are always thrilled to hear how things are progressing and offer support if necessary. We wish you success with your fundraising activity.

Kind regards

Lorna Liggett
Head of Fundraising
NGH Charitable Fund

VOLUNTEER'S FUNDRAISING AGREEMENT

Name:		Mr, Mrs, Ms, Miss
Home Address:		Postcode:
Work Address:		Postcode:
Tel No. Day	Evening:	Mobile:
E-Mail:		Date of Birth:
Who are you raising funds or?		
How do you intend to raise these funds? (Please give details of fundraising event and date)		
Date of event:		
What is your fundraising target amount?		
Please advise if you require sponsor forms:		

AGREEMENT

AGREEMENT No: _____

DATE: _____

In favour of the Northampton General Hospital Charitable Fund (Registered Charity No. 1051107)

I confirm that when carrying our fundraising activities on behalf of Northampton General Hospital Charitable Fund I will adhere to the following:

1. On all appeals, receipts and other literature given to the public I will state that I am raising money for Northampton General Hospital Charitable Fund and that the fund is a registered charity
2. I will inform the Fundraising Department of the Northampton General Hospital in advance of all events and activities I am hoping to carry out for the Charitable Fund. If any activity is of a continuing nature, I will provide such information on a regular basis.
3. I will provide the Fundraising Department of the Northampton General Hospital with details of the sums raised and expenses incurred within 4 weeks of the particular fundraising activity. I accept that while I may claim (properly documented) out-of-pocket expenses from the funds raised, the funds may not be used to employ or provide remuneration, to anyone (including myself) who may be involved in this fundraising activity.
4. **All sums due to the Charitable Fund will be paid over within 28 days of receipt with appropriate documentation and quoting the Agreement Number. Cheques must be forwarded to the Charitable Fund Accountant and should be made payable to Northampton General Hospital Charitable Fund.** Cash should be paid into the cashiers office situated at the Billing Road entrance of Northampton General Hospital. Northampton General Hospital Charitable Fund does not take responsibility of money until the Charitable Funds Accountant has received it. I accept that the Charitable Funds Accountant reserves the right to ask for accounting records.
5. I understand that Northampton General Hospital Charitable Fund may institute legal proceedings against me to enforce their rights under this agreement. If it is found that I have breached this agreement, I will then pay to Northampton General Hospital Charitable Fund all costs which may have been incurred.

Please complete the forms and return to the Charitable Fund Accountant at Northampton General Hospital, Cliftonville, Northampton, NN1 5BD. This will then be approved by the Head of Fundraising. A copy will be returned to the fundraising volunteer and one will be kept on file with the Charitable Fund Accountant.

Volunter Fundraiser's signature.....Date.....

Charity's Signature.....Date.....
(duly authorised to sign on behalf of the charity)