

**FUNDRAISING DEPARTMENT**

Gwendolen House  
Gwendolen Road  
Leicester  
LE5 4QF

Tel: 0800 389 1321  
E-mail: [fundraising@uhl-tr.nhs.uk](mailto:fundraising@uhl-tr.nhs.uk)  
[www.uhl-tr.nhs.uk/fundraising](http://www.uhl-tr.nhs.uk/fundraising)

**VOLUNTEER FUNDRAISING FORM**

Name:		Mr, Mrs, Ms, Miss
Home Address:		Postcode:
Work Address:		Postcode:
Tel No. Home:	Work:	Mobile:
Email:		Date of Birth:
Twitter address:	Facebook details:	
<b>PLEASE FOLLOW OUR MASCOT, DR FOX ON FACEBOOK (DrFox Lhc) AND TWITTER (@DrFoxLHC)</b>		
Who are you raising funds for?		
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, collecting tins/buckets and quantities required.		
We like to publish details of our pledges and fundraising events on our website. This can help to generate more awareness and sponsorship for your event. If you <b>do not</b> wish your details to be published, please tick the box. <input type="checkbox"/>		

**In favour of the Trustee of the Leicester Hospitals Charity**

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**(Registered Charity No 1056804)**

I confirm that when carrying out certain fundraising activities for the Leicester Hospitals Charity as Trustee of the FUND I will observe the following:

1. On all appeals, receipts etc given to the public I will state that I am raising money for the FUND which is part of the Leicester Hospitals Charity
2. I will let the Fundraising Department of the University Hospitals of Leicester, know in advance all events and activities I am hoping to carry out for the FUND. If any activity is of a continuing nature, I will provide such information on a regular basis.
3. I will let the Fundraising Department of the University Hospitals of Leicester have details of sums raised and expenses incurred within four 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 FUND will be paid over within 28 days of receipt with appropriate documentation. The trustee does not take responsibility of money until the Fundraising Dept receives it. I accept that the Trustee reserves that right to ask for accounting records.
5. I understand and accept that the Trustee has the right to court proceedings to enforce their rights under this Deed. If it is found that I have been in breach of this Agreement then I will pay to the Leicester Hospitals Charity as Trustee of the FUND all costs which may be so incurred.
6. I understand that the Leicester Hospitals Charity may terminate my rights to fundraise at any time.

**Please fill in all the appropriate details, sign and date the form and return to  
Leicester Hospitals Charity**

Volunteer Fundraiser's Signature: .....Date: .....

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