

Fundraising Registration Form

Thank you for offering to raise money on behalf of Ashford and St Peter's Hospitals' Charity (ASPH Charity), registered charity number 1058567. To help get us connected we need some details from you.

Fundraising organiser contact details

We would like to provide you with a letter confirming you are fundraising for the Ashford & St. Peter's Hospitals Charity and, once your event is complete, send you a letter of appreciation.

Title*:

First name*:..... Surname*:

Company name (if applicable):

Postal address:

.....

Postcode*:

Contact telephone number*:

Email address:

Date of birth (if under18):

Fundraising activity

We want your event / activity to be a great success, so please give us as much information as possible and we will ensure you have all the relevant information and guidance to help you.

Name of the event / activity*:

Description:

Who will be fundraising?

Individual

Workplace team

Group

Organisation or Club

School or College

University

Social Group

Other (please specify)

.....

Where will the event / activity take place? (please complete the full address below)

.....

.....

When will the event / activity take place? (date)

What is your main reason for fundraising for the Charity?

In memoriam

Personal experience

Family or friend experience

Good cause

For the challenge

Enjoy fundraising

How will the money be collected:
(eg, sponsorship, sale)

How is the event / activity to be promoted?

.....

.....

Fundraising materials

We can provide some materials free of charge to help with your fundraising. Please indicate what you would like and the quantity below.

Item	Required Y / N	Quantity	Sizes (S, M, L, XL)
Sponsor forms			
Collection buckets			
Banners			
Posters			

Your fundraised donation

Funds raised make the biggest impact to our hospitals and community services when they are allocated to the clinical areas where they are most urgently needed.

How much money do you hope to raise? £.....

When will ASPH Charity receive the money? (within 8 weeks of the event / activity completion)

Date;

Name of your MyDonate (BT) page:

Where would you like your donation to go to? *(please indicate below)*

I would like my donation to go to:			
• Ward / Department Name			
• Appeal	Childrens <input type="checkbox"/>	Infusion suite <input type="checkbox"/>	Mammography scanner <input type="checkbox"/>
• Hospital	Ashford Hospital <input type="checkbox"/>	St Peter's Hospital <input type="checkbox"/>	

Some employers are willing to match some or all of your fundraising through a matched giving scheme. Are you eligible for a matched giving scheme?

Yes No

Fundraising agreement

Under the Charities Act 1992, ASPH Charity is required by law to have a written agreement with you before and fund raising activity can take place.

This is an Agreement between the person named and ASPH Charity for the event / activity described herein, taking place on the date(s) specified.

1. I will comply with the local council's guidelines regarding fundraising and relevant health and safety regulations.
2. I will ensure that all fundraising is conducted in a safe and legal manner.
3. I will ensure that the event / activity complies with relevant rules and regulations relating to fundraising.
4. Where ASPH Charity provide sealed collecting boxes for the collection of cash, I agree that these boxes will be returned intact to ASPH Charity for counting and receipting, upon completion of the fund raising activity.
5. I will only use lawful means to fundraise for ASPH Charity and must not do anything that harms or is likely to harm ASPH Charity reputation.
6. I understand I am authorised to use ASPH Charity logo on promotional material relating to my fundraising activity. I will have this material approved by ASPH Charity before finalisation. The ASPH Charity number must be included in this material. ASPH Charity name and logo must not be used for any other purpose.
7. I agree to make clear to donors and participants that funds donated will support ASPH Charity work.
8. I understand that I should seek medical advice from my general practitioner if I am in any doubt about my physical ability to hold or take part in this event / activity.
9. I agree that the ASPH Charity does not accept responsibility or liability for an event or activity of mine and I agree that I am participating in this activity at my own risk and ASPH Charity shall not be liable in any way for damage, injury or loss that might occur as a result of the event / activity.
10. I agree that ASPH Charity can terminate my authority to fund raise at any time by sending written notice to my address.
11. I will ensure that all money raised is handed into ASPH Charity within 8 weeks of the event.
12. I understand that in the event of a breach of this Agreement ASPH Charity has the right to court proceedings and to enforce its rights under this Agreement and that by doing so will charge back any costs thereby incurred by ASPH Charity to the fundraiser named below.
13. I will ensure that all participants in the fundraising event / activity have read and agreed to this agreement.

And Finally.....

Publications and communications: Are you happy for us to include details of your fundraising event / activity and contact details on our website, social media and newsletter, so that people can get in touch if they are interested in your event / activity?*

Yes

No

How did you hear about us?* (please tick those options that apply)

Poster, leaflet or banner

ASPH website

Newspaper / magazine

Friends, family or colleague

Local radio

Email

Facebook

Twitter

Instagram

Google / search engine

Other (please specify)

.....

Keeping in touch: ASPH Charity will hold your details to personalise your supporter experience.

Would you like to hear about where money raised is helping in our hospitals and future fundraising events and campaigns?* (please tick those options that apply)

No thanks

Post

Email

Phone

Volunteering opportunities: Would you like to hear about volunteering opportunities when they arise?* (please tick those options that apply)

- No thanks
- Post
- Email
- Phone

We take your privacy seriously and will never sell or swap your details with third parties. You can withdraw your consent to be contacted at any time by calling or by emailing us. Information about how we protect and use your personal data is set out in our privacy policy:

<http://www.ashfordstpeters.nhs.uk/about-us/privacy-policy>

By signing and submitting this form you agree to us using your details to discuss your fundraising activity and to follow up on progress.

Once you have completed this form and read and understood the Fundraising agreement, please sign and date below:

Signature:

Date:

Print name:

If you are under 18, before submitting this form you must confirm you have your parent or guardian's permission to fundraise.

Parent / Guardian (please delete the inapplicable response):

Signature:

Date:

Print name:

When completed, please return this form to; **Fundraising, Management Office, St Peter's Hospital, Guildford Road, Chertsey, Surrey, KY16 OPZ.**

If you need to contact us please ring **01932 726585** or email asp-tr.fundraising@nhs.net

Thank you in advance for your great support!

Donation Form

Please complete your details below:

Title*:

First name*: Surname*:

Company name (if applicable):

Postal address:

.....

Postcode*: (please complete)

Contact telephone number*:

Email address:

I would like my donation to go to: (please indicate below)

• Ward / Department name			
• Appeal	Childrens <input type="checkbox"/>	Infusion suite <input type="checkbox"/>	Mammography scanner <input type="checkbox"/>
• Hospital	Ashford Hospital <input type="checkbox"/>	St Peter's Hospital <input type="checkbox"/>	

If you would like to discuss the various options please call the Fundraising Manager on 01932 726585 or send an email to: asp-tr.fundraising@nhs.net

I would like to make a donation of: £5 £10 £20 £50 £75 £100
or my choice £ .

Ways to donate

I enclose: Cheque

Please make cheques payable to **Ashford and St. Peter's Hospitals Charitable Fund** with the appeal, ward or department written on the **BACK** of the cheque

Or please charge my: **Mastercard / Visa / Delta / Switch** *(please delete as appropriate)*

Card number:

Expiry Date:

Issue Number (Switch only):

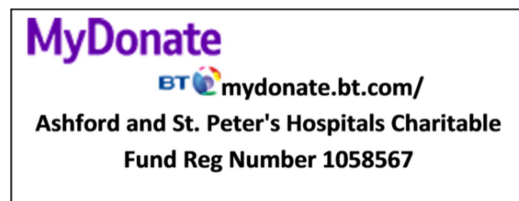
3 digit security code: *(last 3 digits on the back of the card)*

Signature:

Date:

To donate on line:

We use MyDonate to avoid the monthly fees charged by Just Giving and other sites, so more of your donation reaches its intended destination.



Make your donation go further using Gift Aid at no extra cost to you

Using Gift Aid means that for every £1 you give we can reclaim an extra 25p from the Inland Revenue at no extra cost to you. All you need to do is select one of the options below;

Yes I am a UK Taxpayer. Please Gift Aid donations of all qualifying gifts of money made.

No I am not a UK tax payer. Please do not gift aid my donations.

Please be aware that you must have paid an amount of income and/or capital gains tax at least equal to the amount of tax reclaimed by all charities or Community Amateur Sports Clubs (CASCs) that you donate to for all your donations in the current tax year. Other taxes such as VAT and Council Tax do not qualify.

Signature:

Date:

Please notify us if you want to cancel this declaration, change your name or home address, or no longer pay sufficient tax on your income and/or capital gains.

We would like to send you an acknowledgement and perhaps claim gift aid, so please remember to include your address, post code and contact number.

Please return the completed form to **Fundraising Manager, Management Office, St Peter's Hospital, Guildford Road, Chertsey, Surrey, KT16 OPZ.**

If you have any questions please ring **01932 726585** or email **asp-tr.fundraising@nhs.net**

Thank you in advance for your support.

Please consider giving your regular support as this will help us plan more effectively and ask for a form today!

Thank you!

Regular Giving Donation Form

YES I would like to make a regular donation to Ashford and St Peter's Hospitals Charity (ASPH Charity), registered charity number 1058567.

To help get us connected we need some details from you.

Personal details

Title*:

First name*: Surname*:

Postal address:

.....

Postcode*:

Contact telephone number*:

Email address:

Your donation

Whatever gift you choose to give will be very welcome to help us provide additional equipment, and an enhanced environment that is above and beyond what the NHS can currently provide.

Please complete the form overleaf and return it to your bank or building society manager. Please note: Some banks and building societies may not accept direct debit instructions for some types of accounts.

If you require any assistance with completing this form, please contact us by emailing:

asp-tr.fundraising@nhs.net or telephone **01932 726585**.

Keeping in touch

ASPH Charity will hold your details to personalise your supporter experience.

Would you like to hear about where money raised is helping in our hospitals and future fundraising events and campaigns?* (please tick those options that apply)

No thanks

Post

Email

Phone

We take your privacy seriously and will never sell or swap your details with third parties.

Instructions to your Bank or Building Society to pay by Direct Debit.

To the Manager

Name of bank or building society:

Address:

Post code:

Please pay Ashford and St Peter's Hospitals Charity (ASPH Charity), registered charity number 1058567, Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand this instruction may remain with Ashford and St Peter's Hospitals Charity (ASPH Charity), and if so, details will be passed electronically to my Bank/Building Society.

I would like to make a regular donation of: £5 £10 £20 £50 £75
 £100
 or my choice £ . per month.

To start on: (date):

My preferred day for this donation to leave my account each month is:

Please debit the following account:

Name of account holder:

Sort Code:

Account number:

And credit: Ashford and St Peter's Hospitals Charity (ASPH Charity), St Peter's Hospital, Guildford Road, Chertsey, Surrey, KT16 OPZ. Sort Code: 16-20-30 Account No: 10054875

Signature of account holder:

Date:

Make your donation go further using Gift Aid at no extra cost to you

Using Gift Aid means that for every £1 you give we can reclaim an extra 25p from the Inland Revenue at no extra cost to you. All you need to do is select one of the options below;

Yes I am a UK Taxpayer. Please Gift Aid donations of all qualifying gifts of money made.

No I am not a UK tax payer. Please do not gift aid my donations.

Please be aware that you must have paid an amount of income and/or capital gains tax at least equal to the amount of tax reclaimed by all charities or Community Amateur Sports Clubs (CASCs) that you donate to for all your donations in the current tax year. Other taxes such as VAT and Council Tax do not qualify.

Signature: Date:

Please notify us if you want to cancel this declaration, change your name or home address, or no longer pay sufficient tax on your income and/or capital gains.

Sponsorship and Gift Aid Declaration Form

Please sponsor me (name of participant):

To (name of event)

In aid of:

If I have ticked the column headed "Gift Aid", I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want the charity named above to reclaim tax on the donation detailed below, given on the date shown. I understand that if I pay less Income Tax or Capital Gains Tax in the current year than the amount of Gift Aid claimed on all my donations, it is my responsibility to pay the difference. I understand the charity will reclaim 25p of tax for every £1 that I have given.

Remember: you must provide your full name, home address, postcode and complete the "Gift Aid" column for the charity to claim back tax on your donation.

Sponsor's Full Name (First Name and Surname)	Sponsor's Home Address (Only needed if gift aiding your donation or if wanting to hear more about the charity. Do not give you work address.)	Postcode	Donation Amount (£)	Date Paid	Gift Aid (✓)	Charity Marketing Allowed? (Y/N)



Sponsor's Full Name (First Name and Surname)	Sponsor's Home Address (Only needed if gift aiding your donation or if wanting to hear more about the charity. Do not give you work address.)	Postcode	Donation Amount (£)	Date Paid	Gift Aid (✓)	Charity Marketing Allowed? (Y/N)
Total donations received including gift aid			£			
Total Gift Aid donations			£			
Date donations given to charity						