

Fundraising Agreement

Date and Time of Activity: _____

Describe the Fundraising Activity (location, activities, etc.): _____

Specify "General Fund" or department/ward to benefit from the money raised: _____

Fundraiser Details:

Name: _____

Address: _____

Postcode: _____

Telephone (H) _____ (M) _____

Email _____

Preferred Contact (please **X**): Email () Phone ()

In signing this form, the fundraiser agrees to the following conditions:

1. The Fundraiser will state they are raising money 'in aid of Brighton and Sussex University Hospitals Charity or BSUH Charity' on all receipts and communications to the public.
2. The Fundraiser will ensure all activities are lawful and/or in line with Institute of Fundraising's policies and guidelines.
3. The Fundraiser will notify BSUH Charity of any events held in addition to those listed above.
4. The Charity has the right to refuse to recognize any fundraising activities which it believes are not in the interest of the Charity.
5. The Fundraiser will keep accurate accounting records for all the monies raised on behalf of the Charity and allow the records to be open for inspection.
6. The Fundraiser will account to the Charity within 28 days of the monies being raised without making any deductions.
7. The Fundraiser may be entitled to reimbursement for reasonable expenses incurred during fundraising activities. The Fundraiser should discuss potential costs and reimbursement with the Charity prior to beginning fundraising activities.
8. This authorization represents an agreement between the Fundraiser and the Charity. The Fundraiser is not permitted to represent the Charity for any other purpose.

Signed by the Fundraiser:

Name (printed)

Signature

Date