

CARDIFF & VALE HEALTH CHARITY

Fundraising & Event Registration Form

THANK YOU FOR CHOOSING TO RAISE VITAL FUNDS FOR
CARDIFF & VALE HEALTH CHARITY REGISTERED NUMBER 1056544

YOUR DETAILS

Title: _____ First Name: _____

Surname: _____

Address: _____

Town: _____ Postcode: _____

Home Tel: _____ Mobile No: _____

Email: _____ Date of Birth: _____

We would prefer to contact you by email – please tick here if this is **NOT** convenient

Fundraising / Event Details

Type of fundraising/event: _____

Date: _____

Venue name & address (if different from above): _____

Venue telephone no: _____

JustGiving address (if applicable): _____

Yes, I would like our event details to feature on the Cardiff & Vale Health Charity website and social media sites (tick box)

Is there a special reason why you are supporting Cardiff & Vale Health Charity?

Fundraising Materials	(Please Tick)	Amt Req	Post	Email	Collect
Sponsorship form					
Event poster					
Balloons (max 15)					
Collection tin (without security chain for street collections, events etc)					
Collection bucket					
Trolley Coins					
T-Shirts (please call to discuss quantity and cost)					

Please return the completed form to: Cardiff & Vale Health Charity, Brecknock House,
University Hospital of Wales, Heath Park, CARDIFF CF14 4XW
029 2184 1802 / hello@healthcharity.wales'
Registered Charity No: 1056544