

Fundraising campaign registration form

Please complete the following registration form and return it to the Community Engagement team, The Neurological Foundation of New Zealand, PO Box 11022, Auckland Hospital, Auckland 1148, OR events@neurological.org.nz

PERSONAL DETAILS

Do you currently donate to the Neurological Foundation? _____

If yes, please provide your supporter number: _____

Contact person name (first & last):

Group/School name:

Address:

City: _____ Postcode: _____

Phone number: _____ Mobile: _____

Email address: _____

EVENT DETAILS

Name of the proposed event:

Event location:

Address of venue:

Date of the event: ____/____/____ Time: Start: _____ am/pm Finish: _____ am/pm

Brief description of fundraising activity/ event:

Will you be using Everyday Hero? If no, please name other online fundraising tool, or how funds will be raised:

AUTHORISATION

I, _____ fully understand and agree to comply with the terms of community fundraising as outlined in the Neurological Foundation Community Fundraising Kit. I agree to act in a professional manner in conducting the fundraising activity and uphold the integrity and values of the organisation. I also accept my obligation to remit the funds raised to the Neurological Foundation of New Zealand within 30 days of the event conclusion.

Signature _____ Date: ____/____/____

Please note: Prior to publicizing or conducting any event, you must obtain the Neurological Foundation approval. This does not cover activities that involve amusement rides, animals, fireworks, high-risk activities, vehicle racing, water activities or any of the non-approved activities listed on page 8.

FOR COMMUNITY ENGAGEMENT TEAM USE ONLY

Approved or Decline:

Supporter number assigned by office:

Approved by:

Signature: _____ Date: ____/____/____