



# MACMILLAN CARING LOCALLY

Registered Charity No.268218

## FUNDRAISING ADVICE FORM

Name of Fundraiser .....

Name of Organisation (*if appropriate*) .....

Address of Fundraiser .....

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Telephone Contacts – Day .....

Evenings .....

Brief description of Fundraising event .....  
(e.g. Raffle, sponsored slim, Marathon etc)

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Date of event or period of fundraising .....

Date funds will be given to the Trust .....

Details of any specific purpose for  
which funds are to be used  
(e.g. an item of equipment, nursing,  
staff etc) .....

Any target set for fundraising .....

Signed by Fundraiser .....

When completed, please return to :  
Neal Williams, Trust Secretary, MACMILLAN CARING LOCALLY, MACMILLAN UNIT,  
CHRISTCHURCH HOSPITAL, CHRISTCHURCH BH23 2JX  
[neal@macmillanlocal.org](mailto:neal@macmillanlocal.org)

Authorised for Fundraising .....

on behalf of Macmillan Caring Locally.