



LUTON &
DUNSTABLE
HOSPITAL
CHARITABLE FUND

Fundraising Registration Form

Please complete and return this form to **Fundraising Team,**
Luton & Dunstable Hospital, Luton, LU4 0DZ so that we can register your event or
activity and offer you the appropriate information and support.

Name _____

Address _____

_____ Postcode _____

Contact number (s) _____

Email _____

Description of Fundraising Event/Activity _____

Date & time of Event/Activit: _____

Department you wish your donation to benefit _____

Please note: if there isn't a specific fund you wish your donation to benefit, your
donation will be placed into the L&D's General Charitable Fund for the Hospital to
determine how best it can be used to support its work.

**I agree to donate all the proceeds from the above fundraising event or activity
to the Luton and Dunstable Hospital Charitable Fund. Under no circumstances
will I divert any money raised in the name of the Hospital to any other
organisation or individual without the full knowledge and consent of the Luton
and Dunstable Hospital Charitable Fund.**

Signed _____ Date _____

Thank you for your support