

FRIENDS OF THE ROTUNDA

Register My Event



PERSONAL INFORMATION

Name of Organiser:

Address:

Tel No:

Mobile:

E-mail:

Website:

DESCRIPTION OF PROPOSED FUNDRAISING ACTIVITY / EVENT

EXPECTED ATTENDANCE

PROPOSED DATES OF ACTIVITY / EVENT

Start Date:

End Date:

PLEASE INDICATE PROMOTIONAL MATERIALS REQUIRED

- | | |
|--|--|
| <input type="checkbox"/> Small Collection Canister | <input type="checkbox"/> Collection Bucket |
| <input type="checkbox"/> Friends of the Rotunda Literature | <input type="checkbox"/> Rotunda Delivery Newsletters |
| <input type="checkbox"/> A4 Poster Promoting Activity /Event | <input type="checkbox"/> Tickets Promoting Activity /Event |
| <input type="checkbox"/> Other (Please Specify): | |

PLEASE INDICATE YOUR FUNDRAISING METHOD

- | | |
|--|---|
| <input type="checkbox"/> Corporate Sponsorship | <input type="checkbox"/> Individual Sponsorship |
| <input type="checkbox"/> Street Collection * | <input type="checkbox"/> Small Private Lottery /Raffle* |
| <input type="checkbox"/> Public Lottery /Raffle* | <input type="checkbox"/> Auction* |
| <input type="checkbox"/> Other (Please Specify): | |
| <input type="checkbox"/> Sale of Goods (Please Specify): | |
| <input type="checkbox"/> Event with Ticket Sales | Please Specify Ticket Price @ € |

*Requires An Garda Siochana Permit/Licence. (Please view Raffle & Lotteries Good Practice Fact Sheet at www.ictrie.com)
Contact: Friends Office for further information on how to apply for a Permit/Licence.

BENEFICIARIES

I would like funds raised to be used for the following purpose (s):

- Rotunda Hospital Research
- Additional Essential Equipment
- Improved Amenities for the benefit of Mothers and babies, their families and Hospital Staff
- Other (Please Specify):

RETURNING FUNDS TO THE FRIENDS OF THE ROTUNDA CHARITY

- www.friendsoftherotunda.ie
- Visit the Charity with your Cash
- Cheque (Made Payable to Friends of the Rotunda)
- Telephone - Credit Card Transaction (Friends of the Rotunda Office – Tel: 01 872 2377)

AUTHORISATION TO FUNDRAISE ON BEHALF OF THE FRIENDS OF THE ROTUNDA

- The Friends of the Rotunda, the official fundraising arm of the Rotunda Hospital and a registered Charity (CHY20091, sincerely thanks you for your generous support.
- Please complete and return this Fundraising Proposal Form by email to friends@rotunda.ie or send by post to the address below, to apply for official authorisation to fundraise on behalf of the FOR Charity in aid of the Rotunda Hospital.
- The Friends of the Rotunda will issue you with a letter of authorisation once approval has been granted.