



**IN MEMORY FUNDRAISING REGISTRATION FORM**

Thank you very much for supporting University Hospitals Birmingham (UHB) Charity, which covers the Queen Elizabeth Hospital Birmingham Charity, Heartlands Hospital Charity, Good Hope Hospital Charity and Solihull Hospital Charity. The four hospital Charities support patients, families and staff at their hospitals by providing 'added extras' that are over and above that which is provided by the NHS.

Please take a few minutes to complete this form and return it to the address below.

**PERSONAL DETAILS**

Organiser's Name: .....

Address: .....

.....

.....Postcode: .....

Telephone No: (day).....Mobile No: .....

Email:  
.....

Please let us know which hospital and ward/department you would like donations to go to:  
.....

Please let us know the name of the person you are fundraising in memory of:  
.....

Relationship to you (e.g. mother, husband, friend):.....

**MATERIALS**

Please let us know what materials you require by completing the table below.

Item	Quantity Required
Collecting tins or buckets? (Normally one per event) (permit required to collect in public places)	
Donation envelopes	
Newsletters	

Are there any others ways in which we may be able to help you e.g. can we talk you through setting up an online in memory page?

.....

**FURTHER INFORMATION**

We will be: (please tick appropriate)

[ ] collecting donations via a funeral collection which we will be forwarded by ourselves

[ ] collecting donations via a funeral collection which will be forwarded by the funeral director.

Please give the name of the funeral director:

.....

[ ] other. Please give details:

Date: .....

Venue: .....

Address: .....

.....Postcode: .....

**DECLARATION**

Please check with the funeral home the procedures for collecting at either crematoriums or religious establishments. Collections within private venues should be agreed with the venue owner, collections on public land require licences from the local authority.

I understand that to collect in a public place I may require a permit from the council and to collect on private property I require permission from the landlord/owner.

I agree to pay all proceeds of the event to University Hospitals Birmingham Charity within 8 weeks of the event taking place.

Signed..... Date .....

Printed Name .....

Where did you hear about us?

- Website       social media       friend/relative       newspaper
- TV       Leaflet/poster       staff of UHB       Other (please specify)

.....

**DATA PROTECTION STATEMENT**

University Hospitals Birmingham Charity will keep a record of your details on file regarding your fundraising.

In addition we would like to be able to contact you with our quarterly newsletter as well as with other information on events or areas of work we think may be of interest to you.

**If you are happy for us to keep in touch with you please tick the following boxes for acceptable ways to contact you by [ ] post [ ] email [ ] telephone.**

**Please return this form to:**

Hospital Charity, Fisher House, Mindelsohn Way, Queen Elizabeth Hospital, Birmingham, B15 2GN or email it to [charities@uhb.nhs.uk](mailto:charities@uhb.nhs.uk).

**Thank you for agreeing to support University Hospitals Birmingham Charity. If you have any queries please do not hesitate to get in touch.**

**Telephone 0121 371 4852**

**Email [charities@uhb.nhs.uk](mailto:charities@uhb.nhs.uk)**

**Website [www.hospitalcharity.org](http://www.hospitalcharity.org)**