



FUNDRAISER DETAILS FORM

TITLE:	
FULL NAME :	
FULL ADDRESS INCLUDING POSTCODE:	
PHONE NUMBER :	
EMAIL:	
EVENT PARTICIPATING IN :	
DATE AND PLACE OF EVENT:	DATE - PLACE -
I agree to donate all the money raised to The Charlie Cookson Foundation, no later than 28 days after the event date.	Signature..... Date
Please tell us how you will be fundraising for CCF?	JUST GIVING PAGE VIRGIN MONEY GIVING PAGE CCF SPONSOR FORM OTHER
Do you have a Facebook page set up for your event?	YES/NO LINK.....
<p>DISCLAIMER</p> <p>The information you have provided is to be used for the purpose of our CCF database in regards to the receiving of newsletters and other promotional material. The information you have provided will only be used by the Charlie Cookson Foundation and not passed on to any third party.</p>	<p>Please sign and date if your agree to these terms</p> <p style="text-align: center;">Signature</p> <p style="text-align: center;">Date</p>

Please complete and return to:

**The Charlie Cookson Foundation, South Shields Business Works, Henry Robson Way, South Shields, Tyne & Wear,
NE33 1RF**