**AUTHORITY TO FUNDRAISE   
REQUEST FORM**

Hi Fundraiser,

Please complete this form and return a copy of it either by scan and email to [info@hamlinfistula.org.nz](mailto:info@hamlinfistula.org.nz) or mail to P.O Box 6395, Christchurch 8442. After approval, you’ll received an official Letter of Authority to Fundraise and your journey can begin!

|  |  |
| --- | --- |
| Name of Fundraiser |  |
| Date(s) of fundraising period |  |
| Fundraising ideas or descriptions, if known |  |
| How funds will be deposited | e.g. Individual fundraiser page (through Raisely),  Or Direct Deposit into Hamlin Fistula NZ’s bank account. |
| Address of Fundraiser |  |
| Contact Phone Number |  |
| Email Address |  |

Signed:

Eradicating Fistula. Forever.

**Hamlin Charitable Fistula Hospitals Trust**

PO Box 6395, Christchurch 8442 **P** 020 4100 9412 **E** info@hamlinfistula.org.nz

**W** www.hamlinfistula.org.nz Reg. Charity No. CC26896