

Intention to Fundraise for True Colours Children's Health Trust

Contact Information			
Name			
Address			
City		Postcode	
Email		Phone	
Organisation / Group You Represent			
Name			
Website			
Fundraising Event Details			
Name of Event			
Date		Time	
Location		City	
Brief overview of how you will be raising funds:			
Estimated funds raised	\$	Date of deposit	
Declaration			
I hereby acknowledge that I will be undertaking a fundraising activity that will benefit True Colours Children's Health Trust.			
I wish to use brand material to promote this fundraiser and will submit material for approval to: cynthia@truecolours.org.nz			
I confirm this activity is legal and will uphold the good name of True Colours Children's Health Trust.			
Funds raised will be made public, with funds being deposited within 20 days of the fundraiser completing.			
Signed		Date	