

**Fundraising Enquiry Form**

|   |                       |                          |
|---|-----------------------|--------------------------|
| <b>Name of participant:</b>   | <b>Name of Event:</b> | <b>Appeal/Ward/Fund:</b> |
| <b>Date of enquiry:</b>   |                       |                          |
| Address:<br><br>Email Address:<br><br>Telephone Number:   |                       |                          |
| Event Type:<br><br>Event Date:<br><br>Event Location:<br><br>In Mem?<br>If no, is there a reason why they chose us?                 |                       |                          |
| Materials form required?<br>Fundraising agreement sent?<br>Date sent?<br>HQN Number<br>Completed by – Fundraising team members here |                       |                          |