

Fundraiser Registration Form

Please complete and return this form to: Fundraising Team, AUKWSBH, Lavinia House, Dukes Square, Horsham, West Sussex, RH12 1GZ or email it to: fundraising@ageukwsbh.org.uk

| First Name: | Last Name: |
|---|---|
| | |
| | Postcode: |
| Date of Birth: | Telephone: |
| Email: | |
| | Twitter handle: |
| we do for local older people and keep your data safe and secure would prefer to hear from us: I would like to receive your new I would like to hear about fundral would like to hear about event I would like to hear about service. | aising & campaigns Email Telephone |
| I am interested in volunteering | |
| writing to Age UK West Sussex Brig | on preferences at any time by emailing fundraising@ageukwsbh.org.uk or in ghton & Hove, Suite 2 Anchor Springs, Littlehampton, West Sussex, BN17 6BP For further details on how your data is used and stored please see our privacy facy-policy/ |
| What are you doing to raise fu | unds for us? (please tell us as much as possible) |
| | nised event, e.g The London Marathon, please give details below) Event Date: |
| How much are you hoping to rai | |
| , | have chosen to fundraise for us? |
| , | |
| Please tell us as much as possil would like us to support you with | ble about how you plan to raise this money and if there is anything you n: |
| | |
| Signature: | Date: |