



Please return this form to Jenni Phillips, Fundraising Assistant (Events) at The Gurkha Welfare Trust, PO Box 2170, 22 Queen Street, Salisbury, SP2 2EX or email [frassistevents@gwt.org.uk](mailto:frassistevents@gwt.org.uk). If you have any queries please telephone 01722 323955.

**GURKHA WELFARE TRUST - SPECIAL FUNDRAISING FORM**

**CONTACT DETAILS:**

Name: \_\_\_\_\_ Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone/Fax \_\_\_\_\_

**YOUR FUNDRAISING ACTIVITY:**

1. What fundraising activity are you proposing to hold / take part in?  
\_\_\_\_\_

2. Outline the type of activities which form part of the fundraiser proposed (i.e. band concert, raffle, bouncy castle, auction, walk, street collection, assault course, door to door sponsorship drive)  
\_\_\_\_\_  
\_\_\_\_\_

3. If a raffle or auction is being held, what is the anticipated value of the prizes. (NB if the value of prizes exceed £500 you will require a license from the Gambling Commission.)  
\_\_\_\_\_

4. What costs do you anticipate there will be to hold the activity? Please give a brief breakdown where necessary (i.e. hall hire, PA system, band transport.)  
\_\_\_\_\_

5. How much money do you expect to raise from your fundraising activity?  
\_\_\_\_\_

6. Are any other charities or organisations benefiting from your event?  
\_\_\_\_\_

7. What support and resources would you like from the Trust?  
\_\_\_\_\_

8. Will you or any company you are associated with derive any personal benefit from this activity?  
\_\_\_\_\_

9. Do you expect you will be claiming Gift Aid on any gifts?  
\_\_\_\_\_

10. Have you done a similar fundraising activities before? If so, for whom?  
\_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_