Please kindly complete this form and return to: **(INSERT BRANCH AND GROUP DETAILS HERE)**

|  |
| --- |
| **Please complete YOUR details below:** |

TITLE: \_\_\_\_\_\_ FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SURNAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
POSTCODE: \_\_\_\_\_\_\_\_\_\_\_\_\_ TEL NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please confirm THE VENUE details of the collection tin(s): (Please complete a separate form if more than one location)**

VENUE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CONTACT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSTCODE: \_\_\_\_\_\_\_\_\_\_\_\_\_ TEL NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Please confirm how much was collected to help people affected by MND:

Total amount raised from collecting tin: £\_\_\_\_\_\_\_\_\_\_

There are several ways in which you can pay in the funds you have raised, please tick the option you have chosen:

□ I am enclosing a cheque, payable to the (INSERT BRANCH OR GROUPDETAILS HERE).  
□ I have paid the funds directly into the MND Association branch or group bank account, details below:

Bank: Lloyds Bank, George Row, Northampton

Reference: TIN NUMBER

Account No: 02952679

Sort Code: 30-96-09

Date payment made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please confirm if the money is to be recorded in a Tribute Fund or Fightback Fund. Please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please confirm if you wish to continue to collect at this venue □ Yes □ No

If ‘Yes’ please send me \_\_\_\_\_\_\_\_ (*enter quantity)* collection tin seals.

Please send me an updated authorisation letter □ Yes □ No

If ‘No’, please confirm you will return the collecting tin to us □ Yes

Signed: Date: