



South Westmeath Hospice Foundation Ltd.

Fundraising Control Report

This control report is required to be completed in relation to all groups requesting authorisation to fundraise on behalf of the South Westmeath Hospice (SWMH)

Name of Organisation: _____

Contact Person: _____

Address: _____

Contact Number: _____

Nature of Event: _____

Please note that South Westmeath Hospice Foundation Ltd. advise all organisations fundraising on its behalf to carry their own insurance as it is not possible for SWMH to indemnify such organisations.

Date(s) of Event: _____

Approved on behalf of SWMH: _____

Funding Officer Notes: _____

Funds received: Date: _____ € _____

Date: _____ € _____

Date: _____ € _____

Acknowledgement issued: Date: _____

Signed by Event Organiser: _____ Date: _____

Event closed: Signed on behalf of SWMH: _____ Date: _____ I have reviewed the fundraising event control summary and am satisfied that it is an accurate reflection of the results from the event which have been approved by the Board of Directors.

Signed on behalf of the Board: _____ Date: _____