



VEGA 95.3FM OPEN YOUR HEART APPEAL FOR THE CHILDREN'S HOSPITAL AT WESTMEAD

I _____ (*Coordinator's name*) agree to conduct my fundraising activity/collection tin in a manner which upholds The Children's Hospital at Westmead's integrity, professionalism and ethos.

Signed: _____ Dated: _____

How does it work:

1. Send your completed form to The Children's Hospital at Westmead, Email MelissY2@chw.edu.au or Facsimile (02) 9845 3457 or email to vega 95.3fm at dhennah@dmgradio.com.au
2. After we receive your completed application we will forward your collection tin to you or you may pick it up from the Fundraising Department at The Children's Hospital at Westmead between 8am and 5pm weekdays or from vega 95.3fm, Level 3, 33 Saunders Street, Pyrmont, NSW 2009 from 8:00am-6:00pm weekdays.
3. The collection tin must stay sealed. A receipt will be issued once the money has been processed.

NAME: _____

ORGANISATION/INDIVIDUAL/OTHER: _____
(*please circle*)

CONTACT PERSON: _____

ADDRESS FOR MAILING: _____

EMAIL ADDRESS: _____

HOME TELEPHONE: _____ WORK: _____

MOBILE TELEPHONE: _____

FACSIMILE: _____

DATE OF BIRTH: _____

Number of collection tins (please tick): 1 tin 2 tins

PLEASE ENSURE THAT ALL COLLECTION TINS ARE RETURNED TO THE FUNDRAISING DEPARTMENT AT THE CHILDREN'S HOSPITAL AT WESTMEAD, CNR. HAWKESBURY AND HAINSWORTH STREET WESTMEAD, NSW, 2145 T: (02) 9845 3367 F: (02) 9845 3457 E: melissy2@chw.edu.au

COLLECTION TIN NO. _____

ISSUED _____ **DECEMBER, 2009**