



**INTENTION TO FUNDRAISE FOR THE SHOCKING PINK CHARITABLE TRUST**

**CONTACT INFORMATION**

Name:

Address:

City/Town:

Postcode:

Email:

Phone:

**ORGANISATION/GROUP YOU REPRESENT (if applicable)**

Name:

Website:

**FUNDRAISING EVENT DETAILS**

Name of Event:

Date:

Time:

Location:

City:

Brief overview of how you will be raising funds:

Estimated funds likely to be raised \$

Date of deposit:

**DECLARATION**

I hereby acknowledge that I will be undertaking a fundraising activity that will benefit the Shocking Pink Charitable Trust.

I wish to use the Shocking Pink brand for material to promote this fundraiser and will submit any material for approval prior to use

[info@shockingpink.org.nz](mailto:info@shockingpink.org.nz).

I confirm that to the best of my knowledge, this fundraising event complies with all laws and will uphold the good name of the Shocking Pink Charitable Trust.

Funds raised will be made public, with funds being deposited within 30 days of the fundraising activity being completed.

Signed :

Date:

**Once completed please return this form for approval to [info@shockingpink.org.nz](mailto:info@shockingpink.org.nz) prior to your event.  
Thank you for choosing to support our cause.  
The Team at Shocking Pink xxx**

**Shocking Pink Charitable Trust**  
Registered Charity CC4749  
PO Box 10023  
Christchurch 8145  
[info@shockingpink.org.nz](mailto:info@shockingpink.org.nz) [www.shockingpink.org.nz](http://www.shockingpink.org.nz)