



Paul Popham Fund

Renal Support Wales

"Believe in yourself"

Fundraise 4 Us

Your Details:

Title _____ First Name: _____ Surname _____

Email address: _____

Telephone Number: _____ Mobile: _____

Address: _____

Town: _____ Postcode: _____

Your Event:

Which event are you taking part in: _____

Date: _____

Please confirm that you have secured your own place in this race directly from the organisers

I confirm that any monies raised for the Paul Popham Fund will be submitted within one month of the event.

Have you previously taking part in an event for the Paul Popham Fund? Yes No

If Yes, which event was this? _____

Choose Your Running Top:

T-shirt

Vest

Size:

XS

S

M

L

XL

Name to be printed on the top: _____

About your fundraising:

Thank you for choosing to support the Paul Popham Fund, we'll send you everything you need to make your event a success. It would help us to understand why you are fundraising for the Paul Popham Fund, so that we can offer you the best support during your event (please give brief details):

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How much are you hoping to raise by taking part in this event?: _____

Does your company have a charity of the year partnership with the Paul Popham Fund? Yes No

Name of employer: _____

Job title: _____

Does your company have a charity of the year partnership with the Paul Popham Fund? Yes No

Marketing:

Paul Popham Fund would like to contact you about our activities including fundraising, campaigns and services. Please indicate your communication preferences by selecting with the appropriate option below, we will not share this information with any third party.

I am happy to be contacted by email with this information.

I would prefer not to receive information on fundraising, campaigning and services for people effected by Renal Disease.

Signed _____

Printed: _____

Date: _____



Wally's Five a Side

Morriston Hospital

Cardiff Half



Registered Charity
No: 1160114



Get in touch

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Call us: **0333 2001 285**
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