



Brooke collecting tin/bucket application form

Please [read the guidelines](#) on the usage of collecting tins before you begin your collection.

1. I have read and understood the guidelines about using a collecting tin/bucket and I agree to comply with the legal and Brooke requirements concerning their use.

Title	First name	Surname
Telephone	Address	

		Postcode
Signature	Date _/ _/ _	

2. What type of collection are you planning and how many tins/buckets are needed?

Number of tins you require: (max 4)	Number of buckets you require: (max 2)	
Street collection <input type="checkbox"/>	Local venue collection <input type="checkbox"/> (e.g. Shopping Centre)	House to house <input type="checkbox"/> collection
Holding the tin at <input type="checkbox"/> one site only shop/vets/stables etc	Collection at an event <input type="checkbox"/>	Other
Are the proceeds of this collection contributing to your fundraising total? Yes/No		
If yes, please specify (for example, you are holding a collection as part of your fundraising for a run):		

3. Please give details of the dates you are planning to collect for the Brooke.

I am collecting on the following date/s _____ and/or

I am displaying a tin/bucket at one site starting on __/__/__

4. Please give the details of the location of your event or the site where you will be displaying the tin/bucket.

Name (of event/ shop/stables etc) _____

Address _____

_____ Postcode _____

5. Please give details of a witness who has agreed to be present when opening and counting the proceeds of the collecting tin/bucket.

Name _____ Address _____

Postcode _____ Relationship to organiser _____

I have read the guidelines laid down by the Brooke and I agree to assist the collection organiser in following them by being present when the tin/bucket seals are broken and the money is counted.

Signature _____ Date __/__/__

Please return this form to:

Brooke, 2nd Floor, The Hallmark Building, 52-56 Leadenhall Street, London, EC3A 2BJ

Office Use Only:

Quantity of tins issued.....tin reference numbers.....

Quantity of buckets issued.....bucket reference number.....

I give permission for the collection organiser above to collect funds on behalf of the Brooke Hospital for Animals.

Name..... Position at the Brooke.....

Signature

Date __/__/__