



## SUPPORTER AGREEMENT

While representing Ardgowan Hospice as a Supporter I agree to:

- Portray Ardgowan Hospice in a positive manner at all times
- Behave in a responsible, socially acceptable manner at all times
- At no time to endanger health and safety of myself or any other person
- Treat as confidential all Ardgowan Hospice privileged information
- Seek prior permission for the use of the logo or name of the Ardgowan Hospice
- To promote the activities of Ardgowan Hospice in an appropriate and approved manner
- All funds raised in the name of Ardgowan Hospice are the property of Ardgowan Hospice and should be forwarded to the Hospice within one month of receipt of the donation

Name: (Mr/Mrs/Ms/Miss) .....

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Address: .....

.....

.....

Postcode: .....

Tel (Day): ..... Mobile: .....

Email: .....

Please give specific details about your event overleaf.

**EVENT DETAILS**

Name of Event: .....

Date of Event: .....

Names of Participants

.....  
.....  
.....

Please give a brief description of your event:

Please tell us why you chose to fundraise for Ardgowan Hospice:

**Once complete, please return to the:  
Fundraising Department  
Ardgowan Hospice  
12 Nelson Street Greenock PA15 1TS**