

Example letter for authorisation

For a supply of headed paper contact the Volunteering Team on 01604 611681 or email volunteering@mndassociation.org

FUNDRAISERS NAME
ADDRESS 1
ADDRESS 2
ADDRESS 3
POSTCODE

Date as postmark

To whom it may concern,

We hereby authorise

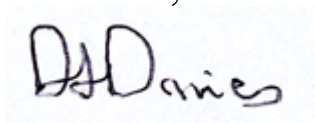
Name of Collector

to raise funds on behalf of the Motor Neurone Disease Association by way of
Placing a static collecting tin at the premises of

**VENUE NAME
ADDRESS**

This authorisation will expire
DATE

Authorised by...



Denise Davies

Head of Community Fundraising

For more information contact the Volunteering Team on 01604 611681 or email volunteering@mndassociation.org

Last updated – January 2020

Registered Charity No. 294354