**Donation Request Form**

Please complete all sections of the request form.

Completed forms and any relevant supporting documentation should be sent to funding.uk@novartis.com at least 3 months in advance of start date.

Should you require assistance in completing this form, please contact us at funding.uk@novartis.com

Requester Name and Title

Requester Phone

Requester Email

Organisation Name

Organisation Address

Organisation Website

Charitable Registration Number

**Project Name: Enter Project Name**

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| Project Information |
| Start Date: | Enter Start Date |
| End Date: | Enter End Date |
| Is your start date flexible? | Choose an item. |
| Total Cost of Project: | Enter £ amount |
| Total Cost requested from Novartis: | Enter £ amount |
| Have you requested funds for the same project from other companies? | Choose an item. |
| If yes, please list the names and amounts requested. |  |
| Event Location (if applicable): |  |

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| Organisation Information |
| Organisation Type: | Choose an item. |
| Are you part of a Patient Organisation? | Choose an item. |
| Are you part of a Charitable Organisation? | Choose an item. |
| For all entities other than public institutions (hospitals, universities, etc.) please provide the full name of each owner. |  |
| Have you received funding from Novartis within the last 3 years? | Choose an item. |
| If yes, please provide the project name, amount secured and date. |  |

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| Requester Comments |
| Please provide details of the project, including project aims and benefits to patients and/or the community. |
| Please provide a detailed budget breakdown of the project. |
| Please attach any relevant documentation, including event agendas, project documents, etc. |