 

**SPRINKLE SOME MAGIC REQUEST FORM**

To Sprinkle Some Magic and bring a smile to patients’ faces please complete this one page form and return to charities@uhb.nhs.uk

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| --- | --- |
| Your Name: |  |
| Your Contact Details (including ward or department name): |  |
| What would you like to benefit patients?(Please also send any website links that explain this further)  |  |
| What is the total cost of this request? |  |
| If you are not asking the hospital charity for all the money needed, where is the rest of the money coming from? |   |
| Why can’t the NHS fund this? |  |
| How will be hospital charity be recognised for its support? |  |