



REQUEST FOR FUNDRAISING ACTIVITY

Submit this form & Budget worksheet to the Director of Operations and Finance.

MINISTRY/ORGANIZATION: _____

Project Leader(s): _____

Name	Phone	Email
_____	_____	_____
_____	_____	_____

EVENT DETAILS: Name of Event: _____

Check if requesting annual permission.

State purpose and perceived benefit derived from the event. What is the money being raised for? Please include who is involved and scope of audience.

Proposed Dates/Times:
(Attach additional sheet if needed.)

_____	_____
Date	Time
_____	_____
Date	Time

Proposed Location: _____

(If applicable) Company/Agency used in connection with event: _____

Contact Person: _____ Title: _____

Phone: _____ Co. Website: _____

Address: _____
Street City State/Zip

NOTE: A proposed budget worksheet must be completed and submitted with this request.

SIGNATURE: I have read the read the Parish Fundraising document and commit to conducting an event in a manner that is respectful of its principles, guidelines and procedures.

Organization President/Treasurer Date

APPROVAL: <input type="checkbox"/> Approved <input type="checkbox"/> Not Applicable <input type="checkbox"/> Annual Approved <input type="checkbox"/> Other _____	
_____	_____
Pastor or Designee	Date