

Fundraising Request Form

Name: _____

Date: _____

Group(s) Benefiting from Fundraiser: _____

Name & Description of Fundraiser: _____

Purpose of Campaign: _____

Type of Promotion: _____

Campaign Start Date: _____

Campaign Finish Date: _____

Campaign Coordinator: _____

Assistant Coordinators: _____

Number of persons involved: _____

Dollar Amount Expected to Raise: _____

Approval Signatures:

Department Supervisor

Senior Associate Pastor