

**St. Mary Catholic Faith Community
Fundraiser Request Form
July 2017 – June 2018**

Date: Name of Organization:

Name of Fundraiser/Activity:

Existing: New: Change (describe):

Contact Person: Phone: Email:

Description of Fundraiser:

1. Amount of funds anticipated to be raised:
2. Funds that are raised will benefit:
3. Proposed use of funds raised:
4. Target group for solicitation (i.e., school parents, parish at large, etc.)

Historical Information: (if activity is a renewal, please provide the following information)

	Most Recent	Next Most Recent
Date:	<input type="text"/>	<input type="text"/>
Gross Receipts:	<input type="text"/>	<input type="text"/>
Net Receipts:	<input type="text"/>	<input type="text"/>
Use of Funds:	<input type="text"/>	<input type="text"/>

Timing of Fundraiser:

Preferred dates and times for the activity:

Alternate dates and times for the activity:

Space Needs:

Fundraiser Approval (Y/N): Signature: (Director of Administrative Services) Date:

Comments: