

DONNA ISD

C.N.P DEPARTMENT

STUDENT FUNDRAISER FORM

Please read the attached Food Sale Fundraisers Q & A prior to completing form.

Campus Name: _____

Please select the 6 days your campus chooses to hold all food exempt event.

For example: Any food items can be sold to fundraise on these days, preferably after lunch

1. Event: _____ Date of the Event: _____

2. Event: _____ Date of the Event: _____

3. Event: _____ Date of the Event: _____

4. Event: _____ Date of the Event: _____

5. Event: _____ Date of the Event: _____

6. Event: _____ Date of the Event: _____

Campus Principal Signature: _____ Date: _____

CNP Director/Designee Signature: _____ Date: _____

1. Once completed, please submit to CNP Director/Designee for review and approval of fundraising activity.
2. Following approval, CNP Dept. will email an approved copy of the form to the campus and Business Office.
3. After the form has been approved and received by campus, fundraiser may be carried out.

Any questions or changes made to these dates after submitting final copy to Child Nutrition, please contact: **Nancy Ortiz, Child Nutrition Director (956)464-1814 Nancy.Ortiz@donnaisd.net**

