



Contact Name: _____

Email: _____

Phone Number: _____

Fundraising Event Details

This Fundraiser Will Support: _____

Event Name: _____

Event Date(s): _____

Proposed Location: _____

Target Audience: _____

Expected Attendance: _____

Event Description:

Intended Use of Funds Raised:

Fundraising Goal (\$): _____

Anticipated Expenses (\$): _____

Estimated Net Proceeds (\$): _____

Funding Sources (e.g., ticket sales, donations):



Will this event involve external partners or sponsors? (Yes/No)

If yes, please list them: _____

Does this event require specific information to be captured on the donation portal?

Yes/No

If yes, please list the required fields (e.g., donation options and player name and/or donation options: \$25, \$50, \$75, \$100)

- 1.
- 2.
- 3.
- 4.

Dates donations can be accepted : _____

Date requested for on-line platform to be live to receive donations: _____

Date of fundraising results report request: _____

Please tell us what information you need to capture in your report: _____

I have read and understand the Archbishop Williams High School Fundraising Policy (Yes/No)

Will the event adhere to organizational fundraising policies? (Yes/No)

Approval Signatures

1. **Submitted by:** _____ | **Date:** _____
2. **Chief Advancement Officer:** _____ | **Date:** _____
3. **Finance Department:** _____ | **Date:** _____

Notes/Comments:
