

Fundraising Policy Form

Date _____

NAME OF ORGANIZATION AND REPRESENTATIVE MAKING REQUEST

DESCRIPTION OF HOW FUNDS WILL BE USED

DESCRIPTION OF PRODUCTS/SERVICES/ADVERTISING

DESCRIPTION OF ANY DIRECT SOLICITATION OF MONEY/GIFTS/PRIZES

WHO WILL BE SOLICITED?

DESCRIPTION OF HOW FUNDRAISER WILL BE CONDUCTED

START DATE _____ END DATE _____

WHO WILL PARTICIPATE?

WHERE WILL FUNDRAISER TAKE PLACE?

WHO WILL BE IN CHARGE?

OUTSIDE GROUPS/INDIVIDUALS ASSISTING WITH FUNDRAISER

TIME OF DAY / FREQUENCY

HOW WILL PRODUCTS BE SOLD/DELIVERED (door-to-door, etc)

Administrator Approval (Signature)

Finance Director Approval (Signature)

Date