

FUNDRAISER REQUEST FORM

Fundraising event description:

Beginning date_____

End date_____

Primary contact: _____

Income account # for deposits: _____ Passthru Y / N

Donation types accepted Cash/check_____ Credit card_____

Electronic_____ Food/Clothing/etc_____

Church used electronic giving (I-pad) Y / N

If yes, who has been or will be consulted? _____

If a check is being issued at the completion of fundraising, fill out the following:

Organization name

Attn: (if applicable)

Organization Address_____

City _____ State_____ Zip_____

Council Approval date_____

Bookkeeper notified_____

Financial Secretary notified_____