

REQUEST FOR FUND RAISING ACTIVITY

ORGANIZATION NAME: _____

NAME OF SPONSORS: _____

TYPE OF FUND RAISER: _____

DATES REQUESTED FOR FUND RAISER: _____
(2 week limit)

AMOUNT OF MONEY EXPECTED TO RAISE: _____

PERCENT PROFIT: _____

REASON FOR FUND RAISER: _____

APPROVED BY: _____

ACTUAL AMOUNT RAISED: _____
(To be filled in after the sales)