

# FUNDRAISER PROPOSAL FORM

*The Finance Committee, to fulfill their responsibility for coordinating all fund-raising activities at the Fellowship, requests completion of this form (and the accompanying budget form) in advance of any proposed fund-raisers. Our expectation is that if proposals are brought to us at least 6 weeks in advance no one will be disappointed. All proposals will be reviewed promptly and timely decisions rendered as to whether a proposed fund-raiser can proceed. Completed forms should be returned to the Finance Mail Box. We appreciate your cooperation.*

Committee/Center \_\_\_\_\_

Date: \_\_\_\_\_

Type of Fundraiser \_\_\_\_\_

Purpose of Fundraiser \_\_\_\_\_

Date and time of Fundraiser \_\_\_\_\_

Location \_\_\_\_\_

Do you have any previous experience with this type of fundraiser? If so, what were the results? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please describe your proposed fundraiser in the space below. Please give us complete details so we can make an informed decision regarding approval. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a budget for your fundraiser? We would suggest you prepare one using the form the Finance Committee has made available. This will greatly assist us in our decision. Please attach your budget to this approval form. \_\_\_\_\_

\_\_\_\_\_

Is there anything further you would like us to know? If so, use the space below to discuss.

\_\_\_\_\_  
\_\_\_\_\_

## FINANCE REVIEW

Date form reviewed \_\_\_\_\_

Decision \_\_\_\_\_  
granted                      denied

\_\_\_\_\_  
needs to be revised

# FUNDRAISER BUDGET FORM

NAME OF FUNDRAISER \_\_\_\_\_

PROPOSED DATE \_\_\_\_\_

SPONSORING COMMITTEE/CENTER \_\_\_\_\_

## ANTICIPATED EXPENSES

Please list all anticipated expenses below. It is important to include all costs and to estimate on the high side.

FOOD \_\_\_\_\_

TRANSPORTATION \_\_\_\_\_

SUPPLIES \_\_\_\_\_

RENTAL COSTS \_\_\_\_\_

OTHER COSTS  
(Please specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL EXPENSES** \_\_\_\_\_

## ANTICIPATED INCOME

Please list all anticipated sources of income below, estimating conservatively.

TICKETS \_\_\_\_\_

SALES \_\_\_\_\_

DONATIONS \_\_\_\_\_

OTHER REVENUE \_\_\_\_\_  
(Please specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL INCOME** \_\_\_\_\_

**NET INCOME** \_\_\_\_\_

Submitted by \_\_\_\_\_  
Phone Number \_\_\_\_\_