



Most Holy Trinity Parish FUNDRAISER REQUEST FORM

Name of Person Completing Request Form: _____

Individual/Organization Seeking Fundraising Approval: _____

Date of Request: _____

Description of Fundraising Activity for Which Approval is Sought:

Method of Solicitation: _____

Date(s) of Fundraiser: _____

Purpose of Fundraiser: _____

Organization's Need for Fundraiser: _____

Amount of Funds Projected to be Raised: _____

Signatures indicating approval:

(Applicant)

(Date)

(Organization Representative)

(Organization)

(Pastor)

(Date)