

Fund Raising Request

Sponsoring Commission:

Date of Request:

Sponsoring Ministry Team (or individual)

Ministry Team Contact:

Name of Event:

Fund Raising Period:

Funding Purpose:

Fund Raising Method:

Will seed money be needed.? _____ Yes _____ No

(If yes, what is the proposed way of receiving it and how much will be needed?)

Additional Information:

Date approved by Commission: _____

Funds to be taken from account #: _____

Funds to be applied to account #: _____

Date affirmed by Church Council: _____

Forward to TOS: _____ Yes _____ No