

ALL FUNDRAISING IS RESTRICTED TO THE NORTH & SOUTH VESTIBULES ONLY.

FUNDRAISER REQUEST FORM

Organization/Function Name: _____

Chairperson or Rep: _____

Phone: _____

Date Submitted: _____

Start Date of Fundraiser / Event: _____

All Date(s) Requested for Fundraising or Selling of Goods on Parish Grounds:

(Please provide at least two dates for the preferred Fundraising. Note: if there is a conflict with the dates selected, the Finance Council will recommend alternate dates for the activity).

Type of Fundraiser: _____
(Bake Sale, Food, Car Wash, Yearly Function, Other)

Purpose of Fundraiser: **(Please be specific)**

Finance Council Review: _____ Approved _____ Disapproved _____

Justification: _____

Pastor Review Date _____ Concur _____ Non-Concur _____

Entered on Calendar: _____ by _____



We request permission to use the Celtic Cross associated with St. Joseph the Worker Parish and the name and typeface currently in use for letterhead or other promotional items.

Approved: _____ Date: _____