



ST. JOSEPH THE WORKER

700 EAST SPRUCE STREET • CHATHAM, IL 62629
(217) 483-3772 • WWW.STJOSCHATHAM.ORG

Request to Collect Funds

(To be utilized when fund will be contributed to Third Parties)

Date: _____

Person Making Request: _____

Purpose of Collection: _____

Collection Start Date: _____

Collection End Date: _____

Recipient Organization: _____

Complete Legal Name: _____

Complete Mailing Address: _____

Street: _____

City, State, Zip _____

Is Recipient Organization a Recognized Charity by IRS YES NO

Attach Proof of Charitable Standing

Pastor Approval:

Office Control:	_____
Finance Council Determinations:	_____
Parish Account to be Used for Deposits:	_____
Will these contributions be included in the Parish Contributions Software	
<input type="radio"/> YES	<input type="radio"/> NO
General Ledger Account for Deposits:	_____
Deposit Memo Description:	_____



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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, Raffle*, Food, Car Wash, Yearly Function, Other)

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

* **Raffle:** The State of Illinois requires a Raffle License for EACH raffle an organization holds. To obtain the license, fill out their application (*found on our website under Forms*). Upon completion, bring application with a \$25 check (*payable to Sangamon County Clerk*) to the church office to process **at least 2 weeks ahead of the event.**

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: _____

Finance Council Review: _____ Approved _____ Disapproved _____
(Date)
Justification: _____
Pastor Review _____ Concur _____ Non-Concur _____
(Date)
Entered on Calendar: _____ by _____
(Date)