

ST. MARGARET'S EPISCOPAL CHURCH

Proposed Fundraising Request Form

Submission Date:	Fundraising Profit Category: <i>(please check one)</i> Small \$0 - \$999 _____ Medium \$1,000 - \$2,999 _____ Large \$3,000 + _____	<u>TO BE COMPLETED BY VESTRY</u> Date Received: _____ Initial _____ ----- On behalf of the SMEC Vestry your Proposed Fundraising Request is: Approved _____ Disapproved _____ Comments: _____ _____ Initial: _____ Date: _____
Name of Fundraiser:		
Chairs and Committees are: 1. Chairperson _____ 2. Co-Chair(s) _____ 3. Members _____		
Brief Description of Fundraiser: .		
Venue, Date and Time: 1. Venue: _____ 2. Date: _____ 3. Time: _____		
Funding Source:		
Marketing Plan:		

FUNDRAISER CONTACT INFORMATION:

Chairperson _____ Contact Numbers _____ or _____

email address _____

Co-Chairperson _____ Contact Numbers _____ or _____

email address: _____

Fundraiser Request submitted by: _____ Date: _____

