

FUND RAISING REQUEST FORM
Brush Creek Baptist Church

DATE OF REQUEST: _____

CONTACT/REQUESTOR INFORMATION: Name: _____

Phone No.: _____ Email: _____

CHURCH GROUP: _____

PURPOSE OF THIS FUND RAISING ACTIVITY: _____

BRIEF DESCRIPTION: _____

PLANS FOR RAISING FUNDS: _____

DATES FOR FUND RAISING ACTIVITY (approx.): BEGIN: _____ END: _____

START UP FUNDS REQUIRED: YES NO AMOUNT: \$ _____

DOLLAR AMOUNT OF FUND RAISING GOAL? \$ _____

COMMENTS: _____

WHERE WILL THIS FUND RAISING EFFORT BE CONDUCTED? _____

Requires the use of Church Facilities:

Fellowship Hall Kitchen Rec Area Other: _____

Requires table(s) for display/set-up If so, how many: _____

Other _____

Publicity Planned: Church Bulletin Radio Local Paper Flyers Other: _____

Church Office Use Only:

Received Date: _____ By: _____

Approval Date: _____