



FUND RAISING REQUEST FORM

Catholic Secondary Schools of Greater Grand Rapids

I. Name of Club/Organization raising funds: _____

Organization Contact Name	Position	Phone and Email

II. Fund Raising Event:

Event Title:	
Purpose:	
Start/End Date:	
Financial Goal:	
How Funds will be Raised:	
Who will be your target audience to solicit for funds?	
Average amount sought from donors:	
Estimated profit from each item or ticket sold:	
Name of School where account proceeds are deposited:	

Additional Comments: _____

Reviewed By:

_____ Date

Principal's Signature for Recommendation

Date

Advancement Office to respond within two business weeks.

Approved **Denied** **Request for More Information** _____

_____ Date

Advancement Director and/or V. P. of Marketing & Development Signature for Approval

Date

Original to Building Principal Copy to Advancement Director and VP of Marketing & Development