

Fundraiser Form

DATE OF REQUEST: _____

GROUP: _____ SPONSOR: _____

DATE OF FUNDRAISER: _____ TO _____

PURPOSE OF FUNDRAISER: _____

METHOD OF FUNDRAISER: _____

EXPECTED PROFIT: _____

APPROVED: YES NO

BY: _____ DATE: _____

PRINCIPAL: _____ DATE: _____

Office use only:

SALES: _____

COSTS: _____

PROFIT: _____

**** All checks received for this fundraiser MUST be made payable to {school}. Checks that do have {school} written on them will not be accepted.**