# SCS Fundraising Reporting

## Name of Ministry/Organization:
____________________________________________________________________________

## Event Coordinator:
Name: ______________________________
Email: __________________________________________
Cell Phone: ___________________________
Alt. Phone: _______________________________________

## Reporting Party:
Name: ______________________________
Email: __________________________________________
Cell Phone: ___________________________
Alt. Phone: _______________________________________

## Facility Used:
- Parish Hall & Kitchen
- Parish Hall
- Parish Center Library
- Parish Center Room _______

## Purpose of Fundraiser:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

## Benefit to St. Catherine Parish:
_____________________________________________________________________________

## Beneficiary of Fundraiser:
If there is more than one beneficiary, please list percentages of profits that will be donated.

100% of the proceeds: ________________;  ____% ________________;  ____% ________________;  ____% ________________.

## Bulletin Submission:
All organizations, clubs, and ministries who hold fundraisers on the premises of St. Catherine of Siena are required to place an announcement in the bulletin. Announcements must include the designated beneficiary of the fundraising efforts/proceeds; a contact name, email, and number, the cost of tickets, and bulletin date requested for submission; as well as followed by a gratitude submission within two (2) weeks of the fundraiser which includes the amount of profits raised for the specific beneficiary per Canon Law 1262. Failure to comply will result in cancellation of future events on premises. Announcement can be typed in this space or emailed to bulletinsubmissions@gmail.com.

Bulletin Announcement placed:  O Yes  O No
Gratitude Announcement below:  O Yes  O No

## Submission:
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

## Signature of Reporter:
_________________________________________  Date: ___________________________

## Pastor Acknowledgement:
_________________________________________  Date: ___________________________

## INCOME:
____________.____

## EXPENSES:
____________.____

## PROFIT:
____________.____

## Beneficiary of Fundraiser:
If there is more than one beneficiary, please list percentages of profits that will be donated.

100% of the proceeds: ________________;  ____% ________________;  ____% ________________;  ____% ________________.