

LUMEN CHRISTI FUNDRAISING REQUEST FORM

Updated June 14, 2018

*Please fill in each line of the request form. The form must be submitted **60 days** prior to the event.*

Name of Parish or School Group: _____

Contact Person(s): _____

Phone Number of Contact(s): _____

Email(s): _____

Brief Description of Fundraiser: _____

Date(s) and Time(s) of Fundraiser: _____

Location of the Fundraiser: _____

Purpose of the Fundraiser (Why are the proceeds needed?): _____

How much do you hope to make? _____

Promotion Plan for Fundraiser: _____

Licenses, if any required: _____

Parish /School Facilities or Equipment Needed: _____

How does this fundraiser advance the mission of Lumen Christi? _____

Who is your targeted audience? _____

Will this be posted in the bulletin? _____

Appropriate Staff Liaison Approval _____ **Date** _____

*If approved by Staff Liaison, submit to Jane Bartlett, Director of Finance
bartlettj@lumenchristiparish.org*