

Our Lady of Grace Catholic Church

317-773-4275

317-773-9344 FAX

FUND RAISING REQUEST

MUST be submitted at least 6 months in advance of proposed fund-raising event
(see Fund Raising Principles, Policies and Procedures: IV Policies 1. Approval)
to Director of Stewardship.

ORGANIZATION

_____ *group name*

_____ *project leader*

_____ *phone*

_____ *email*

_____ *secondary contact*

_____ *phone*

_____ *email*

EVENT DETAILS

Purpose and perceived benefit derived from the event:

Please describe proposed event in detail, including category and scope of audience (*see III Categories*) :

Proposed dates/times:

from: _____ to: _____

event dates

from: _____ to: _____

event times

Proposed Location:

_____ Gathering Space

_____ Grace Hall

_____ Other

_____ Community Room

_____ Donovan Center

Required Equipment/Set-up:

Maintenance/Set-up form must be completed and submitted with Request form.

If not submitted, organization takes full responsibility for set-up.

_____ Form submitted

_____ Organization waives set-up assistance

PROCEEDS

(see Fund Raising Principles, Policies and Procedures: IV Policies 6. Purpose of Funds)

* _____ *parish tithing 4% of net proceeds (mandatory)*

_____ *secondary beneficiary \$ amt or %*

_____ *primary beneficiary \$ amt or %*

_____ *third beneficiary \$ amt or %*

(please use additional sheet if necessary)

NOTE: Attached proposed budget MUST be completed and submitted with Request Form.

SIGNATURE

I hereby attest that I have read the Parish Fundraising Principles, Policies, and Procedures document; commit to conducting an event in a manner respectful of worship, parishioners, and staff members; and promise a timely return of the designated space and equipment to a clean and orderly state.

_____ *signature of responsible leader*

_____ *date*

APPROVAL

_____ *Pastor or designee*

_____ *date*