



REQUEST FOR FUNDRAISING

NAME OF SCHOOL _____

NAME OF GROUP OR GRADE _____

PERSON IN CHARGE _____

PURPOSE FOR FUNDRAISING VENTURE _____

HOW:

WHEN:

HOW UNUSED FUND WILL BE USED OR RETURNED:

**HOW THE PURPOSE OF THE FUNDRAISING VENTURE ALIGNS WITH BOARD
VALUES:**

DATE: _____

APPROVED - Principal's Signature