

# ST. MARY MAGDALENE CATHOLIC CHURCH

## FUND RAISING APPLICATION

Name of Ministry: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Name of Proposed Event \_\_\_\_\_

***Please contact the church office to tentatively schedule event and ticket sales/Narthex dates prior to submitting form for approval.***

Date and Time of Proposed Event: \_\_\_\_\_

Event Location: \_\_\_\_\_

Ticket Sales/Narthex Dates:

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Fundraiser: (Describe the event, location, and approximately how much money you intend to raise.)

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Purpose of Fundraiser: (Explain how the proceeds will be used)

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Signed by: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Ph. #: \_\_\_\_\_

Approval: \_\_\_\_\_ / \_\_\_\_\_

Pastor

Finance Chair

***Please submit your request to Diane Jones ([djones@smmcatholic.org](mailto:djones@smmcatholic.org)) who will present to the Finance Council which normally meets the 4<sup>th</sup> Thursday of each month. They will review all fundraising requests at that time.***