

St. Andrew's UMC

Fund Raising Request Form

Group Name \_\_\_\_\_

Date \_\_\_\_\_

Contact Name \_\_\_\_\_

Telephone # \_\_\_\_\_

E-Mail \_\_\_\_\_

Description of Fund Raising Event or Activity (Attach additional information if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Desired Date(s) \_\_\_\_\_ Where will activity be held? \_\_\_\_\_

From whom will the funds be requested? \_\_\_\_\_

Is this a onetime activity or to be conducted on a yearly basis? \_\_\_\_\_

How will the funds be handled? Organization's Bank Account  Church Designated Account

Designated Account \_\_\_\_\_ Other \_\_\_\_\_

How will the funds be used? (How does this activity support either directly or indirectly the Mission of St. Andrew's?) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Would you consider tithing to the General Budget to support the ongoing ministries of St. Andrew's from your fund raising activities? \_\_\_\_\_

\_\_\_\_\_

For Finance Committee Use Date Request Considered by Finance Committee \_\_\_\_\_

Disposition: Approve  Approve with the following guidelines

\_\_\_\_\_  
\_\_\_\_\_

Disapprove  (Reasoning) \_\_\_\_\_

\_\_\_\_\_

Finance Chair Signature \_\_\_\_\_ Date \_\_\_\_\_