

Fundraiser Request

		5	cilities to request money or goods. Please comple t 4 weeks prior to the start of the activity.	te
Today's Date	:			
Your Name:		Phone:		
Name of Acti	vity:			
Organization	Name:			
Start Date:		End Date:	Goal:	
Brief Descrip	-			
Facilities:	-	e of LFC facilities (Cafe', I nplete Facilities Usage For	Kitchen, Classrooms, Sanctuary, orm)	
System, etc.)		e of LFC equipment (Tables, Sound System, Portable Sound		
Publicity: Description Would like to display a poster and/or a sign-up sheet in cafe', or would like to submin the Church bulletin. (Complete an LFC Information form and submit it to Julie Figure 1.)			•	try
	-	cements must include a sta <u>n</u> to normal tithes and offer	atement explaining that any donations for this erings.	
		Trustees Use	se Only	
Date Received:		Received By:	Received By:	
Date Reviewed:		\Box Approved \Box Not Approved. (Note reason(s) below.)		
Date Request	er Notified:	Notified By: _		
Notes:				