

SAINT PETER CHANEL CATHOLIC CHURCH

FUNDRAISING PROPOSAL

Sponsoring Ministry: _____ Requesting Date: _____

Requestor's Name: _____ Telephone: _____

Email: _____

Description of fundraiser: (type of event or solicitation)

If outside organization, website address:

Purpose and benefit of fundraiser:

Financial goal of fundraising effort (please be specific): _____

Has this fundraiser been approved in the past? Yes _____ No _____

If yes, amount raised or other results _____

Who will be responsible for coordinating fundraising effort?

Name: _____

Telephone: _____ Email _____

How will the fundraising take place:

Proposed date of the fundraiser: _____

Requestor's signature: _____ Date: _____

Finance Council approval: _____ Date: _____

Pastor approval: _____ Date: _____

INSTRUCTIONS FOR COMPLETING FUNDRAISING PROPOSAL

Purpose: The purpose of the Fundraising Proposal form is to establish a consistent communication tool for the request and approval of fundraising activities that take place at St. Peter Chanel Catholic Church. This form, and subsequent approval, is required prior to any fundraising activity taking place.

Scheduling: All Fundraising Proposals will be reviewed at the monthly Finance Council meetings that take place on the last Monday of each month. In order for a proposal to be reviewed in a timely manner, it must be received in the parish office 60 days prior to the scheduled event date.

The Form: The Council's decision to accept or reject the submitted proposal will be based solely on the information presented in the proposal. For this reason, please be as specific as possible when completing the proposal. Any missing information will cause the proposal to be rejected and it cannot be reviewed again until the following month's Finance Council meeting. Feel free to enclose any additional information that might be helpful to the Council in determining the appropriateness of the fundraising effort.

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FUNDRAISING FINAL REPORT

Sponsoring Ministry: _____

Fundraising Event Date: _____

Requestor's Name: _____

Telephone: _____ Email: _____

Description of fundraiser: (type of event or solicitation)

Was the fundraiser a success... (purpose and benefit):

Actual Financial results of fundraising effort: _____

Financial Goal from Fundraising Proposal: _____

Were there any issues or problems with this event?

Please return this form to the SPC Business Office within 30 days after the fundraising event.

THANK YOU!