

First Unitarian Universalist Church of San Antonio
Fundraiser Request Form

Date request submitted: _____

Committee/Group: _____

Name of Contact Person: _____

Phone #: _____

Email: _____

Purpose of fundraising: _____

Invite: _____

Inspire: _____

Involve: _____

Reserve account where proceeds will be placed: _____

Description of fundraising activity: _____

Preferred date(s) of activity: _____

Location of activity: _____

Anticipated cost of activity: _____

Anticipated amount to be raised: _____

Plans for advertising: _____

Office Use

_____ approved _____ not approved

Reason not approved: _____

Minister (or DLRE if minister is absent)

Date

If approved, forward to Office Manager for scheduling.