

St. Thomas a'Becket
FUNDRAISING REQUEST FORM

To be completed and submitted by June 30th, prior to the event

Fundraising Event	
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Event Chairperson/Leader	
Chairperson contact info	Email: _____ Cell Phone: _____ Home Address: _____
Staff Liaison	

Planned Event Date		Alternate Date	
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Requested Gathering Area Solicitation Dates	1 st Choice	2 nd Choice	3 rd Choice
1st Weekend	_____	_____	_____
2nd Weekend	_____	_____	_____

If the answer to either of the following questions is YES, a copy of the appropriate IRS, State of Michigan, and/or Michigan Catholic Conference rules and requirements must be obtained from the Parish Business Manager, and agreed to by the chairperson/leader of the event.

Will there be a raffle in conjunction with the event? _____

Will alcohol be served, either a cash bar or open bar, at the event? _____

Estimated Income and Expenses		
(this section not required for events run by organizations which are separate legal entities, e.g. K of C, SVDP, etc.)		
	Estimated Income	Estimated Expenses
Admission		
Food/Beverage		
Raffle		
Other		
Cash Donations		
Total		
Net Profit		

If the net profit *will not* be given to St. Thomas a'Becket for general parish use, indicate which organization will receive the profit. Please provide name and address.

	Signature	Date
Event Chairperson		
Staff Liaison		
Business Manager		