

FUNDRAISING CONSENT FORM

Please allow two weeks for a response.

Name of Organization _____

Contact Person _____

Phone: _____

Address _____

Purpose of Fundraiser:

Target Amount _____

Manner in which money will be raised _____

Effect on other schools _____

(If applicable)

Date of submission to Principal _____
Principal's approval _____

Date of submission to Superintendent _____
Superintendent's approval _____