

**CENTRAL UNITED METHODIST CHURCH FUNDRAISING
APPLICATION**

Name of Organization/Group (must be a recognized church organization): [Please PRINT legibly] _____

Contact Person: _____ Phone: _____

For what purpose are you raising funds (Describe in detail)? _____

What event or activity are you wishing to conduct? (i.e. candy or other sale, brunch, dinner, etc.)

Date(s) desired for fundraiser: _____ Time: _____

(If the fundraiser is more than one day please enter the beginning and ending dates)

What is your goal – the total (gross) amount you wish to raise? _____

What is the projected expense amount (cost) of the event? _____

How many people will you involve in the work of fundraising? (i.e., 20 church members will cook, serve, market, set-up and clean up) _____

Where will the fundraiser be held and will it require any church facilities or staff? (If church facilities or staff is needed please complete a Facilities Use Application attach it to this application) _____

How does this activity you are sponsoring reflect the mission of the church? _____

Does this activity fully support the funding necessary for your ministry? If no, what is your plan to obtain the additional funding? _____

I have read and understand Central United Methodist Church's *Fundraising Policy*. I further understand that this application is subject to review by the Church Council. I also understand and commit to providing all information requested in the Policy as well as am committed to stewardship as a way of life.

Signature of Person Responsible for the Fundraiser/Organization

Date

Approved by Finance Chair

Date

Approved by CUMC Administrator

Date
