

CENTRAL DEWITT CSD

**FUND RAISING REQUEST FORM**

Name of Organization: \_\_\_\_\_

Dates of Project: From: \_\_\_\_\_ To: \_\_\_\_\_

Titles and description of Fund Raising Activity: \_\_\_\_\_

\_\_\_\_\_

Account funds will be deposited in: \_\_\_\_\_

**Note: All funds raised by an approved school activity must be deposited in school accounts. Do not pay any incurred costs in cash.**

Description of Student Involvement: \_\_\_\_\_

\_\_\_\_\_

List by name any product to be sold, cost, and profit margin: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anticipated revenue to be generated: \_\_\_\_\_

What is the planned use for the funds being raised: \_\_\_\_\_

\_\_\_\_\_

Persons responsible for the collection of money and/or materials:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

School sponsor/employee

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Recommended for: Approval: \_\_\_\_\_ Non-approval: \_\_\_\_\_

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

.....

Approved by:

\_\_\_\_\_  
Superintendent/Designee's Signature

\_\_\_\_\_  
Date