

**Church of the Cross**  
**Fundraising Request Form**

Fundraising includes any activity that asks for money or goods. Please complete this form and submit to Kristin Jones, prior to a board meeting, scheduled before activity.

Today's Date: \_\_\_\_\_

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Activity: \_\_\_\_\_

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

Start Date: \_\_\_\_\_ Time: \_\_\_\_\_ End Date: \_\_\_\_\_ Time: \_\_\_\_\_

Frequency:      One Time      Reoccurring      Weekly      Monthly

Fundraiser Type:    Money      \_\_\_\_\_      Goods      \_\_\_\_\_

Brief description of activity:

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Proceeds for: \_\_\_\_\_

Goal Amount: \_\_\_\_\_

Location of Activity: \_\_\_\_\_

**Church Office Use Only**

Board Member \_\_\_\_\_ Date \_\_\_\_\_  
Yes                      No

Board Member \_\_\_\_\_ Date \_\_\_\_\_  
Yes                      No

Pastor \_\_\_\_\_ Date \_\_\_\_\_  
Yes                      No