

CHURCH OF ST. GENEVIEVE  
PARISH FUNDRAISING APPLICATION

(Please attach additional sheet if your answers need more room.)

Name of Organization/Group (must be a recognized organization with St. Genevieve's):

\_\_\_\_\_

Contact Person: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Please describe the need for this fundraiser:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

What is your goal (the amount you wish to raise):

\_\_\_\_\_

Date(s) desired for fundraiser: \_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_

I have read and understand the *Fundraising Policy* for the Church of St. Genevieve. I further understand that this application is subject to review by the Finance Council and Pastor. I also understand and commit to providing all information requested in the Policy.

\_\_\_\_\_  
Signature of Person Responsible for the Fundraiser/Organization Date