



# Saint John's

Evangelical Lutheran Church

Serve • Care • Worship • Learn

## Fund Raiser Proposal

Date Submitted to Council: \_\_\_\_\_

Date/(s) of fund raiser \_\_\_\_\_ Times: \_\_\_\_\_

Name or description of the fund raiser \_\_\_\_\_

Name of the primary contact for the fund raiser: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Purpose for the fund raiser: General or Specific

If Specific, which Team and Ministry Group will benefit? \_\_\_\_\_

Will the fund raiser take place on church property? Yes or No

If yes, please circle all that apply: Fellowship Hall Sanctuary Parlor Community Room Classrooms Youth Room

If no, please explain

Will the fund raiser require the use of the church's office staff or resources? Yes or No

If yes, please explain.

For additional notes, please use the space below or the back of the form.

### For Council Use

Approved: Yes or No

Date: \_\_\_\_\_

Notes: \_\_\_\_\_

Council Member Contact: \_\_\_\_\_ Phone: \_\_\_\_\_