

Rec'd By: _____

Date Rec'd: _____



AUXILIARY FUNDRAISER PROPOSAL



Proposals should be turned in one month prior to your beginning date. The completeness of your proposal will determine the turn around time. You will receive a response from all completed proposals within one week.

PLEASE PRINT CLEARLY

Today's Date _____ Auxiliary Leader _____

Day Phone # _____ Cell Phone # _____ Email: _____

Auxiliary Name _____

Description / Name of Fundraiser _____

Purpose of Fundraiser _____

Location / Address of Fundraiser _____

Beginning Date _____ Ending Date _____

Beginning Time (hour) _____ Ending Time (hour) _____

Contract Agreement: Yes No If Yes, please attach copy of contract and/or detailed information.

Itemization of Money to be Raised (i.e. donations, profit from sales, etc.)

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

(Use additional sheet if necessary) **GRAND TOTAL** \$ _____

Description of Estimated Expenditures (i.e. pre-orders, supplies, food, etc.)

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

(Use additional sheet if necessary) **GRAND TOTAL** \$ _____

1. Total Amount Expected to be Raised \$ _____

2. Total Estimate of Expenditures \$ _____

3. Estimated Profit or Loss of Event \$ _____

4. Total in Auxiliary Account before Fundraiser \$ _____

5. Expected Balance after the Fundraiser (Compute lines #3 and #4) \$ _____

(For Office Use Only) FUNDRAISER: Approved Denied Pending
 Comments: _____