

**Trinity Lutheran Church & School  
Fundraiser Planning  
Form**

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

Your name \_\_\_\_\_

Board/Group requesting or supporting this request \_\_\_\_\_

Date(s) of proposed function \_\_\_\_\_

Location/Rooms needed of proposed function \_\_\_\_\_

The funds raised will benefit \_\_\_\_\_

Anticipated expenses \_\_\_\_\_ Anticipated income \_\_\_\_\_

Will pre-funding be needed \_\_\_\_\_ If so, what \$ amount \_\_\_\_\_

Proposed source of additional funding \_\_\_\_\_

Additional resources/assistance needed \_\_\_\_\_

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

Publicity plans/contact person \_\_\_\_\_

Additional notes/summary \_\_\_\_\_

\_\_\_\_\_

**Office Only**

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Fundraiser approved/declined \_\_\_\_\_

Reason if declined \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Approved/Declined by \_\_\_\_\_

Copies Given to: Senior Pastor/Principal/Finance/Development Director