

CHURCH OF THE ASCENSION

Fundraising Activity Request Form

Submit to Jr. Warden

Date _____

Fundraising Activity _____

Requestor _____

Brief Description _____

Proposed Date(s) _____

Proposed Allocation of Funds Received

_____% to _____ (budget line item/project)

_____% to _____ (budget line item/project)

_____% to _____ (budget line item/project)

_____% to _____ (budget line item/project)

***** Vestry Use *****

Vestry Meeting date ___/___/___ Warden: _____

Fundraising Activity approved ___ Yes ___ No

Proposed Fund Allocation approved ___ Yes ___ No (see Vestry approved funding allocation)

Vestry Approved Funding Allocation

_____% to _____ (budget line item/project)

_____% to _____ (budget line item/project)

_____% to _____ (budget line item/project)

_____% to _____ (budget line item/project)

Comments _____
