



1190 Gold Hill Road, Fort Mill, SC 29708 † (803) 548-4078 † office@come2grace.org

FUNDRAISING REQUEST FORM

(Please Print)

*Form must be submitted and approved prior to the commencement of fundraising activity
(Please obtain and read a copy of the Church Policy and Guidelines for Fundraising)*

ORGANIZATION

Group Name

Primary Contact

Phone

Email

Secondary Contact

Phone

Email

EVENT

Purpose and benefit derived from the event:

How does this activity you are sponsoring support the mission of Grace Community Church?

Describe the proposed event or activity, including scope of audience: (Candy or other sale, brunch, dinner, etc.)

PROPOSED DATES/TIMES:

Event Dates/Times

From: _____ To: _____

Event Dates/Times

From: _____ To: _____

PROPOSED LOCATION

(If the Church property is being requested, please provide specifics on space(s) required such as worship center, classrooms, lawn, etc.)

PROCEEDS

- Anticipated amount to be raised:* _____
- Primary beneficiary (incl. \$ amt. or %)* _____
- Second beneficiary (incl. \$ amt. or %)* _____
- Third beneficiary (incl. \$ amt. or %)* _____

Note: *Attach and submit proposed fundraiser budget with this Request Form.*

SIGNATURE

I hereby attest that I have read the Fundraising Policy, Procedure and Principles of Grace Community United Methodist Church; commit to conducting an event in a manner respectful of worship, the Church family and staff members; and promise a timely return of the designated space and equipment to a clean and orderly state.

Signature of Project Leader

Date

APPROVAL

Signature of Finance Chair/Church Council Chair
Or Appointed Designee

Date

Please use additional sheet(s) if necessary.