

ZOR SHRINERS CLUB, UNIT and AUXILIARY

FUNDRAISER/ACTIVITY PERMISSION REQUEST FORM

TO BE SUBMITTED FOR APPROVAL PRIOR TO PROCEEDING WITH THE PROJECT

NAME OF CLUB, UNIT or AUXILIARY _____
OFFICER REQUESTING PERMISSION

(name) (mailing address) (phone)
OFFICER RESPONSIBLE FOR PROPER REPORTING:

(name) (mailing address) (phone)
TYPE OF EVENT: _____

PLACE, CITY & TIME OF EVENT: _____

STARTING AND ENDING DATES OF FUNDRAISING: _____

WILL THERE BE A RAFFLE HELD IN CONJUNCTION WITH THIS EVENT? YES NO

If you have questions on obtaining a raffle license from the State of Wisconsin, please call the Zor office at (608) 833-6343 so we can inform you of the necessary procedures.

WHAT METHODS WILL BE USED TO RAISE THESE FUNDS IN ADDITION TO, OR INSTEAD OF A RAFFLE? (i.e tickets, fruit cakes, buttons, etc.) _____

WILL THIS EVENT BE ADVERTISED FOR THE BENEFIT OF THE SHRINERS HOSPITALS?
 YES NO

(This includes tickets, package seals, posters, etc.) If Yes, Zor Shrine must request permission from the Imperial Council and you will receive a charity activity form. This form must be completed and returned to the Zor office so that it will reach the Imperial within 60 days of the event. 100% of the net proceeds must be submitted with this form. All proceeds are for the benefit of Shriners Hospitals for Children. When sending in your Charity Activity Form and check to Zor, please make check payable to **Shriners Hospitals for Children**. If you are retaining a portion of the proceeds for the Zor Hospital Transportation Fund (see below), a second check must be issued made payable to the Zor Hospital Transportation Fund. Up to 50% of the proceeds can be retained for the transportation fund.

Will a portion of the proceeds be retained for the Hospital Transportation Fund? YES NO

IF THIS EVENT IS NOT BEING HELD FOR THE BENEFIT OF THE HOSPITALS, PLEASE INDICATE HOW THIS MONEY WILL BE USED. (i.e. uniforms, building fund, etc.) Proceeds are for the benefit of Zor Shrine (Shrine Club or Unit) activities. Payments are not deductible as charitable contributions. _____

ESTIMATED AMOUNT TO BE RAISED (total income): _____

ESTIMATED EXPENSES (total expenses): _____

ESTIMATED PROFIT: _____

Twin Cities Ladies Auxiliary must submit Proof of Insurance or state that they are self-insured.

POTENTATE'S APPROVAL: _____ **DATE:** _____