Lourdes Public Charter School

Code: IGDF-AR

Revised/Reviewed: 4/28/25

Fund-Raising Activity Request and Verification

*Please fill out all sections and return to the administrator or designee 10 days prior to initiating the fund-raising activity.*

Date:

Name of individual, group or activity making this fund-raising activity request:

Reason for the fund raiser (please be specific):

Description of fund raiser(i.e., what is the product, when will it be sold, where will it be sold, who will it be sold to, etc.):

Start and end dates for the fund raiser:

Anticipated revenue:

If this is a joint fund raiser, write down the name(s) of the partner(s):

Signature of Individual Signature - Representative of Organization

🞏 Approved – Date:

🞏 Not Approved – Date:

Reason for Denial:

Signature of Administrator Date

**Lourdes Public Charter School**

**Fund-Raising Activity Verification Form**

Date:

To Whom it May Concern:

The Lourdes Public Charter School does hereby authorize:

(Name of Individual or Group Receiving Authorization)

to sell ,

(Name of Product/Item for Sale)

for the purpose of raising funds for ,

(Funds to be Used for)

from (dates) to .

Signature of Administrator Date

Signature of Fund-Raising Coordinator Date

***Any questions regarding this fund-raising activity should be directed to the person authorizing sales.***