



School Support Organization Fundraiser Request Form

School Support Organization: _____

School Sponsor: _____

School Support Organization President: _____

School Support Organization Treasure: _____

Product or Activity of Fundraiser: _____

Method of Payment: Cash Check Both

Checks are Made Payable to: _____

Start Date of Fundraiser: _____ End Date of Fundraiser: _____

Intended Audience of Fundraiser: _____

What Will the Funds be Used For?: _____

Contact Person: _____

Contact Phone Number: _____

APPROVED

NOT APPROVED

Signature School Principal

Date

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For Official Use Only