



429 East Grandview Boulevard  
Post Office Box 10397  
Erie, Pennsylvania 16514-0397  
Phone 814-824-1135  
FAX 814-824-1124

## ONE-TIME APPROVAL TO RAISE FUNDS

### REQUEST SUBMITTED TO THE DIOCESAN BISHOP

*This form is provided for convenience. Approval should not be presumed and therefore no steps should be taken to implement the proposed fundraising activity until the approval has been granted in writing.*

Name of Group \_\_\_\_\_

Name of Contact Person \_\_\_\_\_

Title or Position \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### I. GENERAL PURPOSE

What is the name of this fundraising activity?

What is the reason for the fundraising?

Whom is the fundraising activity intended to benefit?

#### II. DETAILS CONCERNING THE ONE-TIME FUNDRAISING ACTIVITY

Beginning date \_\_\_\_\_ Concluding date \_\_\_\_\_

Method(s) of raising funds (e.g., raffle, parish festival, direct mail solicitation, etc):