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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):

What is the estimated gross revenue?

What are the expected administrative costs of the fundraising activity?

What is the estimated net revenue?

III. INFORMATION GIVEN TO DONORS

How will donors be informed about the uses of the funds to be raised?

How will donors be assured that their wishes will be honored?

IV. OTHER

For Institutes of Consecrated Life and Societies of Apostolic Life, please attach a copy of the previously obtained approval of the major superior(s) competent in law to grant such approval.

V. SIGNATURE(S)

Name Position

Name Position

Name Position

Name Position

Date

FOR OFFICE USE ONLY:	
Received on	____/____/____
Reply given on	____/____/____