



ANNUAL REPORT ON FUNDRAISING

REPORT SUBMITTED TO THE DIOCESAN BISHOP

Name of Group _____

Name of Contact Person _____

Title or Position _____

Telephone _____ Email _____

Address _____

City _____ State _____ Zip _____

I. GENERAL INFORMATION

This report covers activity that took place during the fiscal year beginning on (date) _____ and ending on (date) _____.

II. INDIVIDUAL FUNDRAISING ACTIVITIES

What fundraising activities are you reporting?

A. _____

What was its gross revenue? _____ administrative cost? _____ net revenue? _____

For whom were these funds raised? _____

For what purpose? _____

B. _____

What was its gross revenue? _____ administrative cost? _____ net revenue? _____

For whom were these funds raised? _____

For what purpose? _____

C. _____
What was its gross revenue? _____ administrative cost? _____ net revenue? _____
For whom were these funds raised? _____
For what purpose? _____

D. _____
What was its gross revenue? _____ administrative cost? _____ net revenue? _____
For whom were these funds raised? _____
For what purpose? _____

III. INFORMATION GIVEN TO DONORS

Were donors informed about the uses of the funds to be raised? _____
Were donors assured that their wishes would be honored? _____

IV. SIGNATURE(S)

Name Position

Name Position

Name Position

Name Position

Date

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