

FUND RAISER APPLICATION FORM

EVENT NAME: \_\_\_\_\_

TYPE OF EVENT: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE ( ) FAX ( ) E-MAIL \_\_\_\_\_

DATE(S) OF EVENT: \_\_\_\_\_

ANTICIPATED REVENUES: \_\_\_\_\_

ANTICIPATED EXPENSES: \_\_\_\_\_

ANTICIPATED % OF DONATION TO CIRCLE OF LIFE CHILDREN'S CENTER: \_\_\_\_\_

RESPONSIBILITIES OF CIRCLE OF LIFE CHILDREN'S CENTER: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

COLCC MATERIALS REQUIRED/HOW MANY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

COLCC REPRESENTATIVE(S) REQUIRED/DUTIES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

RAFFLE? YES \_\_\_ NO \_\_\_ PERMIT OBTAINED? YES \_\_\_ NO \_\_\_

ANTICIPATED PUBLICITY (Note: **COLCC Approval Required**): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ANTICIPATED DATE OF DONATION TO CIRCLE OF LIFE CHILDREN'S CENTER: \_\_\_ / \_\_\_ / \_\_\_

OTHER: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

501(c) (3) IRS Letter of Determination Attached. THANK YOU FOR YOUR SUPPORT!

APPROVED: Yes \_\_\_ No \_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

