

# MCC FUNDRAISER REQUEST FORM

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**Forward all requests to Barb Antekeier, Executive Administrative Assistant**

**SECTION ONE:**

**To be filled out by the organization requesting the activity and submitted at least two weeks prior to the event.**

Completion Date \_\_\_\_\_ Date of Fundraiser \_\_\_\_\_

Sponsoring Group \_\_\_\_\_

**Name, Address, Phone and Email of Chairperson:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Description of Fundraiser \_\_\_\_\_

Purpose of Fundraiser \_\_\_\_\_

Anticipated Financial Goal \_\_\_\_\_

Fundraising Activity Begins \_\_\_\_\_ Ends \_\_\_\_\_

Set-Up / Clean Up Activity Begins \_\_\_\_\_ Ends \_\_\_\_\_

Location of Fundraiser \_\_\_\_\_

Signature of Chairperson \_\_\_\_\_

Additional Comments \_\_\_\_\_

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**SECTION TWO: FOR ADMINISTRATION PURPOSES ONLY**

\_\_\_\_\_ This fundraising activity has been approved and placed on the Fundraising Activities Calendar  
Note: \_\_\_\_\_

\_\_\_\_\_ This fundraising activity has been rejected  
Note: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Upon receipt of this form is official approval of the event.**