



Bethlehem Catholic High School

2133 Madison Avenue

Bethlehem, PA 18017-4699

610-866-0791 www.becahi.org

OFFICE OF ADVANCEMENT

FUNDRAISING REQUEST FORM

Club/Organization _____

Type of Fundraising Activity _____

Day/Date(s) of Activity _____ Location _____

Contact Person at Activity Location _____

Specific Purpose of Activity _____

How much do you expect to raise with this event? \$ _____

Club/Org. Representative _____ Date _____

Major Donors to Request to be solicited: (i.e.: business, individuals, organizations) *Attach a list if necessary.

_____	_____
_____	_____
_____	_____

APPROVAL SIGNATURES:

Advancement Director _____ Date _____

Advancement Committee Chair _____ Date _____

Activity not permitted during major Advancement campaigns or events such as Golf Outing (Aug.); Auction (March) and Annual Appeal (Nov.). All requests should be submitted to Advancement Office 2 weeks prior to start of planning for review by Advancement Committee. Review Fundraising bylaws. DO NOT CONDUCT FUNDRAISING ACTIVITY WITHOUT SIGNED COPY OF THIS FORM