

## Bethlehem Catholic High School 2133 Madison Avenue Bethlehem, PA 18017-4699 610-866-0791 Ext 323

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## **Advancement Office**

## **Fundraising Request Form**

Club/Organization	
Advisor/Coach of Club/Organization	
Fundraiser Contact Person	
Phone Number	
Email Address	
Type of Fundraising Activity	
Day/Date(s) of Activity	Location
Specific Purpose of Activity (Please include if donation	•
	Date
Is this a repeat fundraiser? Yes No	
Major Donor Requests to be solicited: (i.e.: business, in	ndividuals, organizations) *Attach a list if necessary.
Approval Signature:	
Events Coordinator	Date

Please review the Fundraising Policy before submitting a request. All requests should be submitted to the Advancement Office for review 2 weeks prior to the start of planning. Approval must be granted by the Advancement Office before a fundraiser is scheduled or donors are contacted. Activities are not permitted during major Advancement campaigns or events – the Golden Hawk Golf Classic (September), the Golden Gala (March), and Giving Day (June). Please do not conduct a Fundraising Activity without a signed copy of this form.