

# St. Edward Catholic Community Fundraiser Request Form

(281)-353-9774 Fax: (281)353-9786

Name of Organization: \_\_\_\_\_

Chairperson or Rep: \_\_\_\_\_

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

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

Time and Date of Event: \_\_\_\_\_

Type of Fundraiser: \_\_\_\_\_

Purpose of Fundraiser:  
**(Please be specific)**

\_\_\_\_\_

Resources Needed (e.g., table, chairs, easel, etc.) \_ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please note requested room layout on the next page.

(Office Use Only)

Date Submitted: \_\_\_\_\_

Pastor's Approval: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Requested Layout of Resources:
