PILGRIM BAPTIST CHURCH

732 WEST CENTRAL AVENUE

SAINT PAUL, MN 55104-4820

651-237-3220

**FUNDRAISING INFORMATION FORM**

NOTE: (A) *All money must flow through the Church Treasurer.*

 (B) *All contracts must be approved by the Board of Trustees and*

 *signed by the Chairperson of the Board of Trustees.*

1. **Date Submitted**: Click here to enter a date.
2. **Title of Fundraising Event**: Click here to enter text.
3. **Date of Event:** Click here to enter text.
4. **Sponsoring Ministry:** Click here to enter text.
5. **Account Number:** Click here to enter text.
6. **Event Manager/Contact Person:** Click here to enter text.
7. **How does this event support the Church’s mission? (i.e., evangelism, outreach, worship, and/or discipleship):** Click here to enter text.
8. **What Church resources do you anticipate needing (check all that apply):**

 Yes No

Fellowship Hall [ ]  [ ]

Kitchen [ ]  [ ]

Sanctuary [ ]  [ ]

Library [ ]  [ ]

New Addition – 1st Floor [ ]  [ ]

New Addition – 2d Floor [ ]  [ ]

New Addition – 3rd Floor [ ]  [ ]

3rd Floor Classroom [ ]  [ ]

Administrative Services [ ]  [ ]

Maintenance Staff Services [ ]  [ ]

Usher Services [ ]  [ ]

1. **Explain all items that are checked “Yes”:** Click here to enter text.
2. **Estimated number of people:** Click here to enter text.
3. **Detailed information describing anticipated income:** Click here to enter text.
4. **Detailed information describing expenses:** Click here to enter text.
5. **Additional information you believe will assist in the consideration of your proposed event :**  Click here to enter text.

**SIGNATURE APPROVALS**

(Required)

 Fundraising Executive Review

Board/Auxiliary Chairperson Committee Chairperson

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SIGNATURE SIGNATURE

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