

Deacons Ministry  
Co-Chairs  
Larry J. Lauderdale Sr.  
L.C. Choyce



Trustees Ministry Co-Chairs  
Vacant

## Fundraiser Request Form Office Use Only

**Ministry / Group Requesting:**

**Primary Contact Person:** Name: \_\_\_\_\_

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

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

### 1. Fundraiser Information

**Name of Proposes Fundraiser:** \_\_\_\_\_

**Purpose of the Fundraiser** (What need or ministry does it support?)

\_\_\_\_\_

**Fundraising Goal (Amount you hope to raise):** \$

\_\_\_\_\_

**Is this a:**  Onetime fundraise  Recurring fundraiser If recurring, how often?

\_\_\_\_\_

**Are you asking for donations from the Church** Yes  No  **or**  
**Community** Yes  No  **if yes explain**

\_\_\_\_\_

### 2. Event Details

**Proposed Date(s):** \_\_\_\_\_

**Proposed Time(s):** \_\_\_\_\_

**Proposed Location:**  Onsite (specify room/area):

\_\_\_\_\_ Offsite  
(location): \_\_\_\_\_  Online

**Describe the Fundraiser (What will happen?):** \_\_\_\_\_

**Expected Number of Volunteers Needed:** \_\_\_\_\_

**Expected Number of Participants/Attendees:** \_\_\_\_\_

### 3. Resource Needs

**Church Facilities Needed:**  Sanctuary  Fellowship Hall  Kitchen  Class-rooms  Parking Lot Other: \_\_\_\_\_

**Church Equipment Needed:**  Tables  Chairs  Sounds System  Projector  Other \_\_\_\_\_

**Staff Support Needed:**  Custodial  Pastoral Approval  Other: \_\_\_\_\_

**Promotion Requested:**  Bulletin  Website  Social Media  Announcement During Service  Flyers / Posters \_\_\_\_\_

### 4. Financial & Administrative Details

#### Estimated Expenses:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Who will handle money collection, counting, and deposit? \_\_\_\_\_

Have you checked for conflicts with other scheduled events? Yes  No

### 5. Safety & Risk Considerations

Are there any safety concerns (food handling, children, outdoor activities)? Yes  No  If yes, explain: \_\_\_\_\_

Is addition insurance or permission required? Yes  No

### 6. Alignment & Approval

Deacons Ministry  
Co-Chairs  
Larry J. Lauderdale Sr.  
L.C. Choyce

Trustees Ministry Co-Chairs  
Vacant

Does your support the church's mission? \_\_\_\_\_



**MT. ZION**  
M. B. CHURCH  
Established 1862

Has your ministry leader approved of this request? Yes  No

Have you held a fundraiser in the past 12 months? Yes  No  If yes, describe:

\_\_\_\_\_

## 7. Post Event Plan

**Who is responsible for cleanup and restoring the space?**

**How will results be reported (financial summary, attendance, impact)?**

*Please return the completed form to Katrina Austin or Deacon Dennis Austin 2 months prior to the fundraising request date.*

[Katrina7766@gmail.com](mailto:Katrina7766@gmail.com)

[Doccampbell83@gmail.com](mailto:Doccampbell83@gmail.com)

712-204-9799

712-522-7374

## Office Use Only

\_\_\_Approved or denied by:

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

**Notes:**