

Skyland UMC Fundraiser, Special Offering, Donation Request Form

Sponsor Group or Committee _____ Date _____

Type of Item or Service being sold/donated

Date(s) of Event _____ Times From _____ to _____

Location _____

Description of Activity or request. Use additional sheets if necessary.

How funds/donations will be used. This must be for a specific capital item, mission, or program. No requests will be approved for items or programs covered in the operating budget.

After the capital item is purchased or the project is complete, how are any remaining funds to be spent? They may also go into the church General Fund.

How does this activity help the church fulfill its mission to carry the message of love and good works to all in our community?

Submitted by: _____

Approval Signature: _____

Approved _____

Not Approved _____