

# FUNDRAISING INFORMATION REPORT

Name of Organization/Individual: \_\_\_\_\_

Description of Fundraising Activity: \_\_\_\_\_

---

Place/Time Fundraising To Take Place: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Goal of Fundraising Activity: \_\_\_\_\_

---

\_\_\_\_\_  
Fundraising Contact Person(s) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date