



Unitarian Universalist Fellowship of Beaufort

P O Box 593
Beaufort, SC 29901
843.522.1765

FUNDRAISER REQUEST FORM

Fundraiser event requested _____

Description of how fundraiser will be conducted _____

Time frame requested for fundraiser _____

What is the goal of this fundraiser? _____

If profits are to be used for a specific purpose, please explain. _____

Where is the fundraiser to be held? Fellowship Hall Sanctuary UUFB grounds

Other _____

Any permits required? Yes No If yes, please specify _____

Desired frequency of this event: One-time Annually Other _____

Any other pertinent information that would be helpful _____

This fundraiser will be held in accordance with the fellowship's Fundraising Policy.

Signature

Committee or Task Force

Date

Contact information: phone _____ email _____

FOR BOARD USE ONLY

Approved Denied Notes/stipulations _____

Signature of Board President

Date