



FUNDRAISING REQUEST APPLICATION For Mission & Outreach

VISION

Alive in Christ's love; growing as disciples; all called and gifted by God.

MISSION

We exist to reach out with God's love to connect and equip all as transformed disciples of Jesus Christ for service in the world.

Name of mission/ministry requesting fundraiser

_____ Date _____

Your Name _____ Phone _____ Email _____

Activity Contact _____ Phone _____ Email _____

Committee or Ministry Area Sponsor _____

Start Date _____ Start Time _____

End Date _____ End Time _____

Description of the fundraiser _____

Ministry/Mission for which funds are being raised _____

Purpose for which funds are being raised _____

Fundraising Type (check all that apply):

Event Sales Offering Contribution

Gifts-in-Kind/Collection of Goods Other (please specify) _____

BUDGET

Total income goal for fundraiser _____

Estimated expenses for fundraiser _____

Net income goal for this fundraiser _____ (total income *minus* estimated expenses)

Total estimate of cost for which funds are being raised _____
(Use the budget planning sheet to help calculate the mission trip)

Other sources of income (check all that apply):

- CUMC operating budget line
- Participant contributions
- Personal donations
- Other (please specify) _____

FACILITIES

If this fundraiser requires the use of church facilities, please indicate what part(s) of the campus you would like to use.

- Ministry Center
- Kitchen
- Classroom
- Commons area
- Side parking lot
- Back parking lot
- Front lawn
- Field
- Playground
- Picnic shelter
- Other (please specify) _____

VOLUNTEERS

If this fundraiser requires volunteers, please estimate the number needed, per day.

- Adults
- Youth
- Other (please specify) _____

HAVE ADDITIONAL INFORMATION TO PROVIDE? LIST BELOW.

