The Parish of Holy Trinity St. Stephen's Memorial
Fundraising Request
(Submit in advance of proposed fundraising event)

	Primary Contact	Secondary Contact (if appliciable)
Name		
Phone Number		
Email		

EVENT

Describe Event		
Purpose of Event		
Proposed Date		
Proposed Time		
Proposed Location		
Frequency of Fundraising	**One Time**	**On-going(frequency)**
Type of Fundraiser	**Internal**	**External**

Estimated funds to be raised (before costs)	**$**
Estimated costs to be incurred by the church	**$**

Fundraiser Contact	**Date**
Approval	
Coordinator of Financial Planning, Fundraising and Stewardship	**Date**