

**KENNESAW UNITED METHODIST CHURCH
FUNDRAISING REQUEST**

1801 Ben King Road, Kennesaw, Georgia 30144
770-428-1543 / Fax: 770-428-3325

- Return completed form to church office
- This event will be placed on the church calendar as pending until approved by the Finance Committee. After approval the event will be confirmed on the calendar and you will receive confirmation.
 - Usage of the narthex is limited to two Sundays.
- Fundraiser events MUST be approved by the Finance committee, in advance of the event.

PLEASE PRINT

Date Submitted: _____

Your Name: _____

Church Member _____ Church Staff _____

Phone: _____

Email: _____

NAME OF EVENT: _____

NEW: _____ RENEWAL: _____ EXISTING: _____

DATE OF EVENT: _____

START TIME: _____ END TIME: _____

BRIEF DESCRIPTION OF FUNDRAISER:

FUNDRAISING TYPE:

___ MONEY ___ GOODS ___ BOTH

Has this event been approved in the past? ___ Yes ___ No

If Yes, amount raised or other results

Who will be responsible for coordinating fundraising efforts?

Name: _____

Phone: _____ Email: _____

Signature of Requestor: _____

I hereby attest that I have read the Fundraising Guidelines of Kennesaw United Methodist Church: committee to conducting an event in a manner respectful of worship, the church family and staff members; and promise a timely return of the designated space and equipment to a clean and orderly state.

Approval by Finance Committee on _____ (date)

Finance Committee Chairperson (or designee) _____