

# 2009 - 2010 Fundraising Request Form

ST. JAMES THE APOSTLE PARISH | 480 S. PARK BLVD | GLEN ELLYN, IL 60137

## FOR OFFICE USE ONLY:

DATE SUBMITTED \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_ BY \_\_\_\_\_

**All fundraising activities must first be approved by the Pastoral Council according to the Parish Fundraising Policies and will not be scheduled without prior approval.** In addition to completing both sides of this form, please fill out the appropriate St. James Facility Usage Request Forms for space requisition.

Organization: \_\_\_\_\_ Event Name: \_\_\_\_\_

Date(s) Requested for Event: \_\_\_\_\_

Place/Facility Requested: \_\_\_\_\_

Purpose for Usage/Activities Anticipated: \_\_\_\_\_

**Who Will this Activity Benefit:**     The St. James Faith Community    **OR**     An Outside Organization

**If Activity Benefits St. James, Does It:**

Fund a Church Budgeted Item    **OR**     Supplement a Budgeted Item

**What is the Financial Goal of this Activity?** (*amount of money or goods*) \_\_\_\_\_

## Our Parish Mission Statement:

**A**s members of Christ's family, through St. James the Apostle Parish, we: **Worship** the Lord by proclaiming His Word and celebrating His sacraments, **Grow** by learning more about God's loving plan for us, **Respond** to the call of Christ by sharing our talents, gifts and our love, **Reach Out** to the universal community by loving and serving our neighbors.

**How Does This Activity Serve our Parish Mission?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Will tickets be sold as part of this event?**     Yes\*    No **\*If yes**, please complete a **Fundraising Approval Request Form** and an additional **Facility Usage Form** requesting the **Church Narthex** for ticket sales after all weekend Masses for a maximum of two (2) weekends.

**What are the anticipated dates for ticket sales/solicitation of goods?** \_\_\_\_\_

*(Please note that Parish Policy limits the above to a total of two weekends per event)*

**Event Budget  
Needed on Reverse »**

**Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_ **Daytime Phone:** \_\_\_\_\_

# Projected Budget

## REVENUES

Ticket Sales: \$ \_\_\_\_\_

Merchandise Sales: \$ \_\_\_\_\_

Fees: \$ \_\_\_\_\_

Donations: \$ \_\_\_\_\_

Other Revenue: \$ \_\_\_\_\_ Describe \_\_\_\_\_

**TOTAL REVENUE** \$ \_\_\_\_\_

## EXPENSES

Space Rental: \$ \_\_\_\_\_

Equipment: \$ \_\_\_\_\_

Food: \$ \_\_\_\_\_

Beverages: \$ \_\_\_\_\_

Decorations: \$ \_\_\_\_\_

Awards and Prizes: \$ \_\_\_\_\_

Advertising: \$ \_\_\_\_\_

Printing: \$ \_\_\_\_\_

Outside Personnel: \$ \_\_\_\_\_

Other Material Costs: \$ \_\_\_\_\_

Other Misc. Expenses: \$ \_\_\_\_\_ Describe \_\_\_\_\_

**TOTAL EXPENSES:** \$ \_\_\_\_\_

**NET PROFIT:** \$ \_\_\_\_\_