



FUNDRAISING REQUEST FORM

Directions: This form is to be submitted to Dr. Kuhlmann at least **one month** prior to the fundraiser. Please allow one week for processing.

Organization (club, class, etc.): _____

Faculty advisor or coach: _____ **Student coordinator:** _____

Number of students in group: _____ **Fundraising goal:** _____

Date(s) of fundraiser: _____

If applicable, company used to assist with the fundraiser: _____

Purpose of fundraiser:

Description of the fundraiser:

How will these funds help to enhance the school's mission statement as printed below?

Targeted Contributors:

Please submit this form to Dr. Kuhlmann. If more space is needed, attach sheet to this form. Thank you.

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Date of approval or denial: _____

Signature: _____

Copies to:

- Advisor
- Activities Office
- Accounts Manager
- Head of School

Empowered by the Gospel of Jesus Christ, Lutheran High School nurtures spiritual, academic, and personal growth, equipping students for lives of Christian service.