



INDEPENDENT SCHOOL DISTRICT 719
Prior Lake – Savage Area Schools

FUNDRAISING REQUEST FORM

(No contracts with any vendors are to be signed until this form is approved)

Name of Person Completing Request Form: _____

Individual/Organization Seeking Fundraising Approval: _____

Date of Request: _____

Description of Fundraising Activity for Which Approval is Sought:

Method of Solicitation: _____

Date(s) of Fundraiser: _____

Purpose of Fundraiser: _____

Organization's Demonstration of Need for Fundraiser: _____

Organization's Demonstration of Previous Steps Taken to Secure Funding: _____

Amount of Funds Projected to be Raised: _____

Program Area Benefiting from Fundraiser: _____

Signatures indicating approval:

(Applicant)

(Date)

(Organization Representative)

(Organization)
(LABC, Patron of the Arts, PTC, etc.)

(Principal or Administrator)

(Date)

(Superintendent or Designee)

(Date)