

FUNDRAISING/ACTIVITY APPROVAL FORM



TO: Potentate, Mocha Shriners
RE: Approval to conduct a Shrine Fundraiser OR to participate in an Activity

We respectfully request permission to hold the following fundraising activity or activity:

PLEASE INDICATE FRATERNAL OR CHARITABLE BY CHECKING APPROPRIATE BOX

Empty square box for Fraternal Purpose selection.

FRATERNAL PURPOSE

The statement of purpose and disclosure published on its solicitation material, tickets, programs and documents regarding the use of the proceeds shall read:

Proceeds are for the benefit of Shrine Club/Unit activities (Payments are not deductible as charitable contributions)

Empty square box for Charitable Purpose selection.

CHARITABLE PURPOSE - 100% of proceeds must be forwarded to Shriners Hospitals for Children. The statement of purpose published on its solicitation material, tickets, programs and documents regarding the use of the proceeds shall read: Proceeds are for the benefit of Shriners Hospitals for Children

Sponsor of the Activity: (Unit or Shrine Club)

Type of Activity:

Date(s) of Activity:

Where Held:

Address:

Event includes members of the public? Yes No Will alcohol be available? Yes No

of Guests *** PAL INSURANCE IS REQUIRED FOR EVENTS WITH OVER 500 GUESTS ***

Requested by Noble: PLEASE PRINT

Telephone: Email:

Insurance certificate required: Yes No

The completion of the above questions follow the Shrine Fundraising policy and procedures as defined in the General Order No.1 under the Fundraising Activities section.

For Office Use Only

Recorder's Signature Date

Potentate's Signature Date

For a Charitable fundraiser, assigned Charity Activity Event No. Charitable Net Proceeds transmitted to Imperial Headquarters' Request Number Request Received Approved by Committee