

Fundraising Approval Form

Return this form to Kerry T Crane via email to: kerry@cranearworks.com

Organization: _____ Address: _____

Contact Person: _____

Phone (Cell Preferred): _____ Email: _____

Secondary Contact Person: _____

Phone (Cell Preferred): _____ Email: _____

Reason for Fundraiser: _____

Number of group members: _____ Average age _____ Grade Level _____

Date(s) of Fundraiser: Start _____ End _____

Revenue Goal: \$ _____

What fundraisers have you done in the past? _____
