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|----------------------------|
| REQUEST # _____ |
| DATE RECEIVED _____ |
| FOR OFFICE USE ONLY |

Zuhrah Shriners
REQUEST FOR FUND RAISER

Club/Unit: _____

Contact Name: _____ Cell: _____ Email: _____

Date(s) of Fund Raiser: _____ Event Time: _____

(If extended event, list beginning and ending dates)

Type of Event (be specific): _____

Location of Event: _____

Purpose of Fund Raiser: _____

Goal of amount of money to be raised: _____

What percentage of proceeds will be given to:

Shriners Hospitals for Children: _____ %

Zuhrah Shriners Building Fund: _____ %

Zuhrah Shriners General Fund: _____ %

Other: _____ %

Submitted by: _____

Office: _____ Date: _____

Please review the "Shrine Fund Raising Policies & procedures" pamphlet from the Shrine Office. Unless 100% of the net proceeds of this fund raiser are to be given to the Shriners Hospital for Children, the following disclaimer must appear on all promotional materials, ads and tickets:

Proceeds are for the benefit of Zuhrah Shriners / (name of Club/Unit) and payments are not deductible as charitable contributions.

A sample of all proposed promotional material and/or tickets and/or all flyers of advertising for this fund raiser must be provided to the Marshal of Zuhrah Shriners with this request & sent to requests@zuhrah.org before any Club or Unit starts promoting or selling tickets of this event.

RETURN THIS FORM WITH NEEDED ATTACHMENTS IN IT'S ENTIRETY -- A CONFIRMATION CAN BE REQUESTED OF THE ZUHRAH MARSHAL WHEN THIS REQUEST IS CONFIRMED AND APPROVED. DO NOT ASSUME THIS REQUEST IS APPROVED AND/OR START ON SPENDING FUNDS TOWARDS THIS FUNDRAISER UNTIL YOU GET APPROVAL FROM THE ZUHRAH MARSHAL.

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Received: _____ Presented to Divan: _____

Approved: _____ Not Approved: _____

Marshal: _____

Proceeds are for the benefit of
Zuhrah Shriners/_____.

And payments are not tax
deductible as charitable
contributions.

