

Third Party Fundraising Approval Form

Please complete the fundraising approval form three weeks in advance before the first proposed date of the requested fundraising event. The GAL7 Foundation, Inc. Board of Directors must approve the fundraiser before any arrangements are made. Please mail this form to the GAL7 Foundation, Inc., P.O. Box 350707, Palm Coast, Florida 32135 or submit this form by email to Brenda Hagedorn at bhagedorn10@gmail.com.

Name of Organization sponsoring the event: _____

Contact Person: _____ email: _____ phone: _____

Description of Proposed Fundraiser: _____

Proposed Event Dates: *First:* _____ *Second:* _____ *Third:* _____

Proposed Fundraising Event Details: (Location, Times, Audience, Logistics, etc). Attach extra pages, if necessary.

Estimated cost to your organization: (list details below). Our Federal Employee Identification Number is: 47-2081798

Item: _____ Cost: _____

Item: _____ Cost: _____

Item: _____ Cost: _____

Total: _____

Projected profit/proceeds expected from event: _____

Are any restrictions being placed on the proceeds when given to the GAL7 Foundation?

Would you like to have your event listed on our Website and Face book sites? Yes _____ No _____

Approval Form Submitted by:

 Event Organizer Representative Date

Approved by:

 GAL7 Foundation, Inc. Board Date

Revised: February 2016

FOR OFFICE USE ONLY

Date of Event: _____

Amount Received for Deposit: _____

Date of Deposit: _____

Bank Account for Deposit (Circle One):
 SunTrust Mainstreet

Are Any of the Funds Restricted? _____

If So, List the Specific Restriction:
