

Fundraising Approval Form for Events Sponsored By The GAL7 Foundation, Inc. Fundraising Committee

The GAL7 Foundation, Inc. Board of Directors must approve all fundraisers before any arrangements are made.

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 for the event: Our Federal Employee Identification Number is: 47-2081798

Item: _____ Cost: _____

Item: _____ Cost: _____

Item: _____ Cost: _____

Total: _____

Projected profit/proceeds expected from event: _____

Event Chair: _____

Event Volunteers and Specific Duties: _____

Event Sponsor(s) if any: _____

Contribution of Sponsor(s): (money or in-kind) _____

Are any restrictions placed on the proceeds when given to the GAL7 Foundation? Yes _____ No _____

Approval Form Submitted by:

 Event Organizer Representative Date

Approved by:

 GAL7 Foundation, Inc. Board Date

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: _____