

# FUNDRAISER AUTHORIZATION FORM

Fund/ Account Name: \_\_\_\_\_ # \_\_\_\_\_

Proposed Fundraising Activity: \_\_\_\_\_

Purpose of Fundraising Activity: \_\_\_\_\_

Current Balance of Fund/Account: \$ \_\_\_\_\_ Date \_\_\_\_\_

Fundraiser Date(s): Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Expected Student Involvement (School-wide or Specific School Organization):

\_\_\_\_\_  
\_\_\_\_\_

Is the margin of profit 50% or greater? YES or NO

If YES, how much is the **margin of profit**? \_\_\_\_\_ (margin of profit)

If NO, how much is the **margin of profit** *and why* does your organization plan to raise funds by this method? \_\_\_\_\_ (margin of profit)

\_\_\_\_\_  
\_\_\_\_\_

Requested by \_\_\_\_\_ Date \_\_\_\_\_  
Name/Title

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
Principal/School

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
Director of Schools

(Information listed above this line must be completed in full prior to CCS board approval.)

## Post-Fundraising Details

Total Collections \$ \_\_\_\_\_

Less: Total Expenses \$ \_\_\_\_\_

Total Fundraiser Profit \$ \_\_\_\_\_

(Please attach documentation of total purchases with fundraiser profit.)

Completed by \_\_\_\_\_ Date \_\_\_\_\_  
Name/Title

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_  
Principal