

**FUND RAISING ACTIVITY APPROVAL FORM**

TO: Potentate, \_\_\_\_\_ Shriners A.A.O.N.M.S.

RE: Seeking Approval to Conduct a Shrine Fund Raiser

We respectfully request permission to hold the following fund raising activity.

\_\_\_\_ Fraternal Purpose                      The statement of purpose and disclosure published on its solicitation material, tickets, programs and documents regarding the use of the proceeds shall read: Proceeds are for the benefit of (\_\_\_\_ Shriners) (\_\_\_\_ Shrine Club) activities. Payments are not deductible as charitable contributions.

\_\_\_\_ Charitable Purpose                      The statement of purpose published on its solicitation material, tickets, programs and documents regarding the use of the proceeds shall read: Proceeds are for the benefit of Shriners Hospitals for Children.

Sponsor of the activity: \_\_\_\_\_  
(Temple, Unit, or Shrine Club)

Type of activity: \_\_\_\_\_

Date(s) of activity: \_\_\_\_\_

Where held: \_\_\_\_\_

Requested by President or Chairman: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: (Business) \_\_\_\_\_ (Home) \_\_\_\_\_

The completion of the above questions follows the Shrine Fund-Raising policy and Procedures as defined in the General Order No.1 under the Fund-Raising Activities section. Do not use this form for third party fund-raising events benefiting Shriners Hospitals for Children. A separate letter must be submitted stating the event coordinator's name, mailing address and phone number.

\*\*\*\*\*Check List For Temple Use Only\*\*\*\*\*

Request Number \_\_\_\_\_ Request Received \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Approved by committee/      Date                      Potentate's Approval / Date

Financial results received \_\_\_/\_\_\_/\_\_\_                      File closed \_\_\_/\_\_\_/\_\_\_

For a charitable fund-raiser, assigned Charity Activity Event No. \_\_\_\_\_

Charitable net proceeds transmitted to Imperial Headquarters: \_\_\_/\_\_\_/\_\_\_