

**FUNDRAISING ACTIVITY APPROVAL FORM**

TO: Potentate, Cahaba Shriners AAONMS  
RE: Approval to conduct a Shrine Fundraiser

We respectfully request permission to hold the following fundraising activity:

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

The completion of the above questions follows the Shrine Fundraising policy and procedures as defined in the General Order No. 1 under the Fundraising Activities section. Do not use this form for third party fundraising 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 \_\_\_\_\_ Date Request Received \_\_\_\_\_

Recorder Acknowledge \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date \_\_\_\_\_ Potentate's Approval \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date \_\_\_\_\_

Financial results received \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
For a FRATERNAL fundraiser, 25% of net proceeds transmitted to Cahaba Shrine \_\_\_\_ / \_\_\_\_ / \_\_\_\_

For a CHARITABLE fundraiser, assigned Charity Activity Event No. \_\_\_\_\_  
Charitable net proceeds transmitted to Imperial Headquarters: \_\_\_\_ / \_\_\_\_ / \_\_\_\_