

## 110 West 5th Street - Pittsburg, KS 66762 (620) 231-4180

## **FUND RAISING ACTIVITY FORM**

TO: Potentate,	Mirza Shriners and Shriners International
RE: Seeking Approval to	o Conduct a Shrine Fund Raiser
We respectfully request	permission to hold the following fund raising activity:
PLEASE CHECK ONE BELOW	
Fraternal Purpose:	The statement of purpose and disclosure published on its solicitation material, tickets, program and documents regarding the use of the proceeds shall read: <i>Proceeds Benefit The Philanthropic Efforts Of:</i> at Mirza Shrine.  (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: <i>Proceeds Are For The Benefit Of Shriner's Hospitals For Children</i> .
Sponsor of the activity:_	
Type of activity:	(Temple, Unit, or Shrine Club)
-	Is Office Support Requested For Event/Contact? YES No
Location of activity:	
Requested by President	or Chairman:
Phone: (Cell)	(Home)
under the Fund-Raising Activiti A separate letter must be subn	uestions follows the Shrine Fund-Raising policy and Procedures as defined in the General Order No. The section. Do not use this form for third-party fund-raising benefitting Shriners Hospitals For Children in itted stating the event coordinator's name, mailing address and phone number.
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Request Number	Request Received//
Approval - Denial Date: (circle one)	/By:
Financial Results Report	Date:/ File Closed:/
	ser, assigned Charity Activity Event No: