

WEST ALLIS ROTARY CLUB BOARD

Fundraiser Proposal- Submit a Minimum of 90 Days Prior To Event

Date _____

Proposed Fundraiser Applicant: _____

Applicant Contact Email/ Phone Number _____

Proposed Fundraiser presentation date to Rotary Board for review: _____

Proposed Pre-event summary presentation date to Rotary Board: _____

Proposed Name of Fundraiser: _____

Beneficiary of Fundraiser: _____

Describe beneficiary's need for financial assistance: _____

Distribution of fundraiser profits after operating costs:

_____ % Beneficiary _____ % Noon Group _____ % Satellite Group _____ % WA Rotary Foundation

Starter resources and/or funds needed for event: _____

Electronic Payment Plans: _____

Proposed Date(s) of Fundraiser: _____

Event Location: _____

Hours of event: _____

Chairperson of Fundraiser: _____ Co-Chairperson: _____

Fundraiser Committee Members: _____

Number of Rotarians needed for Fundraiser Planning: _____

Number of Rotarians needed for set up: _____

Number of Rotarians needed for the event: _____

Number of Rotarians needed for takedown/clean up: _____

Club Board/President Approval

Signature: _____

Date: _____