## Request to Conduct a Fundraiser

Organization			
Requesting Organization:		1	Date:
Details			
Date and Time Fundraise	r will be held: _		
Type of Fundraiser:			
Location:			
Person Supervising this F	undraiser:		
Contact Information:			
Fund Account		oust be deposited into the see completed & sent to Pr	
Approval Approved		Disapprove	ed
Commander's Signature	Printed Nam	ne, Title, and/or Rank	Date