



NASHVILLE METHODIST CHURCH

NASHVILLE METHODIST CHURCH FUNDRAISING APPLICATION FORM

Name of Committee/Group Sponsor (must be a recognized church ministry):

Contact Person: _____ E-Mail: _____ Phone: _____

For what purpose are you raising funds? _____

What event or activity are you wishing to conduct?

Date(s) desired for fundraiser: _____ Time: _____ Location: _____ Note:

Your fundraiser, if approved, will still need to be scheduled through the NMC Office. This form does not constitute a request or confirmation for rooms or space at NMC. Rooms and dates are subject to availability.

What is your goal (the amount you wish to raise?): _____

What is the cost (before profit) that you will expend in order to fundraise? _____

Will seed money (cash advance) be needed? Y N How much? _____

How does this activity you are sponsoring reflect the mission of the Church?

Does this activity fully support the funding necessary for your ministry? If no, what is your plan to obtain the additional funding?

I have read and understand the Nashville Methodist Church's Fundraising Policy and Procedures.

Signature of Committee Chair / Sponsor Head _____

Signature of Finance Chair: _____ Approved _____ Disapproved _____