



## Catholic Charities of Southern Missouri Community Fundraiser Application

Thank you for your interest in hosting a community-led fundraiser to support Catholic Charities of Southern Missouri (CCSOMO). Please complete the information below so we can review and approve your request.

### Organizer Information

Name:

Organization / Parish / School (if applicable):

Phone:

Email:

Mailing Address:

### Fundraiser Details

Name of Event or Fundraiser:

Type of Fundraiser:

- Parish or School Event
- Social Event or Benefit Dinner
- Athletic Event (walk, run, tournament, etc.)
- Other:

Proposed Date(s):

Location (if applicable):

Estimated Fundraising Goal:

Will this fundraiser benefit

- CCSOMO's general mission
- or a specific program? (please specify):

### Fund Collection & Promotion

How will funds be collected?

How do you plan to promote the fundraiser?

Will CCSOMO's name or logo be used in promotional materials?

### Agreement & Acknowledgment

By submitting this application, I understand that CCSOMO must approve this fundraiser before promotion begins.

Signature:

Date:

