

Permission to Fundraise

Group name:	
Your name:	
Date:	<u> </u>
Phone number :	_e-mail:
Amount requested to be raised:	
Fundraiser Proposed:	
Time frame (beginning and ending dates):	
Purpose/Need:	
Is the parish included? Yes No	
Number of STCS students to benefit:	
Comments:	

Return to Ellen Stemler