



REQUEST FOR DONATION & FUNDRAISING ACTIVITY Elementary School

Requestor's Name: _____ Date Form Submitted: _____

Requestor's Email: _____ Phone #: _____

Description of Event/Donation: _____

If not ASB, which organization will benefit from the donated/fundraised profits: _____

Proposed date of the event: _____

Proposed location of the event: _____

Property Name

_____ (_____) _____

Street City State Zip Phone Number

What will be sold/donated? _____

What district services will be needed, if any?(custodial, maintenance, etc.) _____

Who will be supervising your event: _____

Status of the Event: ____ New Event or ____ Held Previously

I understand that I must take care of the following:

- The proposed fundraiser/donation is not approved unless signed by Elem. Principal & LMUSD Superintendent

Approval of Signatures:

_____ Date: _____ Approved ____ Denied ____
Elementary Principal

_____ Date: _____ Approved ____ Denied ____
LMUSD Superintendent