

## REQUEST TO CONDUCT AN APPEAL/FUNDRAISER WITHIN ADVENT LUTHERAN CHURCH

Before completing this form please read the guidelines/procedure for requesting/conducting an appeal. Once the form is complete please send it electronically to Carolyn Osborne, Chair of Stewardship (caosborne98@yahoo.com) or place in her mailbox. Once reviewed, it will be returned to you with approval or non approval based on the published guidelines. The Stewardship Board normally meets on the 3rd Monday.

|  |  |                                 |  |                           |  |                     |         |  |
|--|--|---------------------------------|--|---------------------------|--|---------------------|---------|--|
| Name of member/group seeking appeal  |  |                                 |  |                           |  |                     |         |  |
| Organization benefitting from appeal   |  |                                 |  |                           |  |                     |         |  |
| Brief description of the fundraiser  |  |                                 |  |                           |  |                     |         |  |
| Date Desired for appeal  |  |                                 |  |                           |  |                     |         |  |
| What is the duration of the appeal   |  |                                 |  |                           |  |                     |         |  |
| 1 week   |  | 2 weeks                         |  | 2weeks                    |  |                     |         |  |
| Longer (please state duration)   |  |                                 |  |                           |  |                     |         |  |
| To whom will the funds collected be sent?  |  |                                 |  |                           |  |                     |         |  |
| How will the funds be used   |  |                                 |  |                           |  |                     |         |  |
| Will funds be run through church treasurer?  |  |                                 |  |                           |  |                     |         |  |
| To whom are checks to be written?  |  |                                 |  |                           |  |                     |         |  |
| Please select all the methods below that you would like to use to publicize the appeal |  |                                 |  |                           |  |                     |         |  |
| Email  |  | Newsletter                      |  | Weekly Bulletin           |  | Special Mailing     |         |  |
| Sign in narthex  |  | Sign in gathering space         |  | Table/display not staffed |  | Table staffed       |         |  |
| Worship Announcement   |  | Video screen in gathering space |  | Temple Talk               |  | Notice in Mailboxes |         |  |
| Requester's name/Signature:  |  |                                 |  |                           |  |                     |         |  |
| Approved   |  | Not approved (reason)           |  |                           |  |                     |         |  |
| Designation:   |  | Internal                        |  | External                  |  | Active              | Passive |  |
| Stewardship Board Chair Name/Signature   |  |                                 |  |                           |  |                     | Date:   |  |