

REQUEST # _____
DATE RECEIVED _____
<b>FOR OFFICE USE ONLY</b>

**Zuhrah Shriners**  
**REQUEST FOR FUND RAISER**

Club/Unit: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Date(s) of Fund Raiser: \_\_\_\_\_ Event Time: \_\_\_\_\_

(If extended event, list beginning and ending dates)

Type of Event (be specific): \_\_\_\_\_

Location of Event: \_\_\_\_\_

Purpose of Fund Raiser: \_\_\_\_\_

Goal of amount of money to be raised: \_\_\_\_\_

What percentage of proceeds will be given to:

Shriners Hospitals for Children: \_\_\_\_\_ %

Zuhrah Shriners Building Fund: \_\_\_\_\_ %

Zuhrah Shriners General Fund: \_\_\_\_\_ %

Other: \_\_\_\_\_ %

Submitted by: \_\_\_\_\_

Office: \_\_\_\_\_ Date: \_\_\_\_\_

Please review the "Shrine Fund Raising Policies & procedures" pamphlet from the Shrine Office. Unless 100% of the net proceeds of this fund raiser are to be given to the Shriners Hospital for Children, the following disclaimer must appear on all promotional materials, ads and tickets:

Proceeds are for the benefit of Zuhrah Shriners / (name of Club/Unit) and payments are not deductible as charitable contributions.

**A sample of all proposed promotional material and/or tickets and/or all flyers of advertising for this fund raiser must be provided to the Marshal of Zuhrah Shriners with this request & sent to [requests@zuhrah.org](mailto:requests@zuhrah.org) before any Club or Unit starts promoting or selling tickets of this event.**

**RETURN THIS FORM WITH NEEDED ATTACHMENTS IN IT'S ENTIRETY -- A CONFIRMATION CAN BE REQUESTED OF THE ZUHRAH MARSHAL WHEN THIS REQUEST IS CONFIRMED AND APPROVED. DO NOT ASSUME THIS REQUEST IS APPROVED AND/OR START ON SPENDING FUNDS TOWARDS THIS FUNDRAISER UNTIL YOU GET APPROVAL FROM THE ZUHRAH MARSHAL.**

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Received: \_\_\_\_\_ Presented to Divan: \_\_\_\_\_

Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_

Marshal: \_\_\_\_\_