NOLENSVILLE FIRST UNITED METHODIST CHURCH

FUNDRAISER APPLICATION

All fundraiser applications are required to be submitted to the Stewardship Team at least eight weeks prior to the event.

Event: _____

Person Organizing: _____

Email/phone: _____

Ministry Area: _____

Coordinating Team (please circle): Missions Stewardship Worship Trustees
Faith Development Evangelism Congregational Care

Fundraiser Date: _____

Financial Goal of Fundraiser: _____

Purpose of Funds Raised:

How will the funds be raised?:

Please contact the Chair of the Stewardship Team at stewardship@nolensvilleumc.org with any questions.

Approved: □ yes □ no Date: By:

Comments: