



Nolensville First United Methodist Church  
**Fundraiser Request**

Event: \_\_\_\_\_

Person Organizing: \_\_\_\_\_

Email/phone: \_\_\_\_\_

Ministry Area: \_\_\_\_\_

Fundraiser Date: \_\_\_\_\_

Financial Goal of Fundraiser: \_\_\_\_\_

Purpose of Funds Raised:

How will the funds be raised?:

Please have this form approved by Pastor or Chair of Finance Committee  
and attach to the Event Planning Form.

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Approved:  yes  no      Date: \_\_\_\_\_      By: \_\_\_\_\_

Comments: