

Appendix G – Fund-raising

Appendix G1 – Fund-raising Activity Approval Form

TO: Potentate _____
Morocco Shriners, and Shriners International

RE: _____

Date: _____

We respectfully request permission to hold the following fundraising activity:

Fraternal Purpose

The statement of purpose and disclosure published on it solicitation material, tickets, programs and documents, including all electronically transmitted material, regarding the use of the proceeds shall read: Proceeds are for he benefit of Morocco Shriners, and the _____ Shrine Club or unit activities. Payments are not deductible as charitable contributions.

Charitable Purpose

The statement of purpose published on the solicitation material, tickets, programs and documents, including all electronically transmitted material, regarding the use of the proceeds shall read: Proceeds are for the benefit of Shriners Hospital for Children.

Both Fraternal and Charitable Fundraising Solicitations including any material, tickets, programs, and documents, including all electronically transmitted material, must include the following statement required by the State of Florida.

"A copy of the official registration and financial intonation may be obtained from the Division of Consumer Services by calling toll-free, within the state, 1-800-435-7352 (800-help-fta), or visiting www.Floridaconsumerhelp.Com. Registration does not imply endorsement, approval, or recommendation by the state. Florida registration #ch1112"

Sponsor of Activity: _____

Description of Activity: _____

Date(s) of Activity: _____

Location of Activity: _____

Club or Temple Unit President Name _____ Signature _____

Mailing Address: _____

Phone (Business): _____ (Home): _____

Email Address: _____

The completion of the above questions follows the Shrine Fundraising Policy and proceeds as defined in General Order 1 under Fundraising Activities section. Do not use this form for third party fund raising events benefiting Shriners Hospitals for Children. A separate letter must be submitted stating the event coordinators name, mailing address, email address and phone number.

Submit Request to: keithpoole2828@gmail.com

For Temple Use Only

Request Number: _____ Date Received: _____

Potentate's Approval: _____ Date Approved: _____

Financial Results Received Date: _____ File Closed Date: _____

For Charitable Fundraiser assigned Charity Event No.: _____

Charitable Net Proceeds transmitted to Shriners International Headquarters Date: _____