



West Catholic High School

1801 Bristol Ave. NW, Grand Rapids, Michigan 49504
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FUNDRAISING REQUEST FORM

I. Name of Club/Organization raising funds: _____

Organization Contact Name(s)	Position	Phone and Email

II. Fundraising Event:

Event Title:	
Purpose:	
Start/End Date:	
Financial Goal:	
How Funds will be Raised:	
Who will be your target audience to solicit for funds?	
Average amount sought from donors:	
Estimated profit from each item or ticket sold:	
Name of account where proceeds will be deposited:	

Additional Comments: _____

Requested By:

Signature Date

WC Development office will respond within two business weeks.

Approved **Denied** **Request for More Information** _____

Development Director Signature Date