

FUNDRAISING REQUEST

Christ the King Lutheran Church

111 W. Magnolia Road • Salina, KS 67401-7546

(785) 827-7492

Name of Individual or Organization: _____

Fundraiser For: _____

Date of Fundraiser: _____

Explanation of Fundraiser:

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Return this form to the Congregational President's mailbox.

Approved Board of Directors

Signature _____

Date _____