

GIRL SCOUTS OF MONTEREY BAY

SERVICE UNIT  
FUND RAISING APPLICATION

SERVICE UNIT # \_\_\_\_\_

WOULD LIKE TO SPONSOR A FUND RAISING PROJECT:

Project Name: \_\_\_\_\_

Date(s): \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

Fund raising goal \$ \_\_\_\_\_ Who is involved? \_\_\_\_\_

Purpose for raising funds: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Annual budget attached

\_\_\_\_\_ Annual budget on file with Membership Development Director

OUTLINE OF PROJECT PLANS:

Project Director: \_\_\_\_\_ Phone(s): H: \_\_\_\_\_ W: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

We have checked local city ordinances for fund raising and will comply? Yes \_\_\_ No \_\_\_

We have reviewed the Financial Guidelines (#200) for Service Units and Safety Wise?  
Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Service Unit Manager)

APPROVED? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Membership Development Director)

*One form stays with Service Unit Manager.  
One form stays with Membership Development Director.*

Service Fund Raising Report Form #223 must be completed after project is completed.

07/02:#202