

ZA-GA-ZIG REQUEST FOR APPROVAL OF FUNDRAISING ACTIVITY

From: _____ Address: _____

Unit/Club: _____ City & Zip: _____

To: Illustrious Potentate, Za-Ga-Zig Shrine Temple, 1100 Shriners Parkway, Altoona, IA 50009-2117

RE: _____
(Name and brief detail of Fundraiser)

(Location of Fundraiser)

(Date or Dates of Fundraiser)

We hereby request approval of the above referenced fundraising activity. This fundraiser will be:

- CHARITABLE** (100% of net proceeds will be given to Shriners Hospitals for Children and none of the net proceeds will be retained by the Unit/Club).
 - a. All promotional materials will contain the following statement:
PROCEEDS FROM THIS ACTIVITY ARE FOR THE BENEFIT OF SHRINERS HOSPITALS FOR CHILDREN
 - b. A copy of all promotional material is included with this request.
 - c. This fundraiser is to be approved by the Potentate and Shriners International (Za-Ga-Zig will forward this request to Shriners International) before date of function.

- FRATERNAL** (Some of all of the net proceeds will be retained by the Unit/Club).
 - a. All promotional materials , including advertising pieces, posters, tickets, etc. will contain the following statement:
PROCEEDS FROM THIS ACTIVITY ARE FOR THE BENEFIT OF ZA-GA-ZIG SHRINE

(Name of Unit/Club)

PAYMENTS ARE NOT DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS

- b. A copy of all promotional material is included with this request.
- c. This fundraiser is to be approved by the Potentate before date of function.
- d. We hereby understand if the Shrine Temple is not cleaned properly, we will be charged a \$100.00 clean-up fee.

Fraternally,

Signature Title Date

Name of person to contact regarding this fundraising activity: _____

Phone numbers: Home _____ Work _____

Approved Disapproved Signed _____ Date _____

Potentate, Za-Ga-Zig Shrine Temple