PENNSYLVANIA QUESTERS PERMISSION FOR FUNDRAISER

(Use this form when raising funds outside your own chapter.)

| Chapter Name and Number | | | |
|----------------------------|---------|---|--|
| Type of Fundraiser: | | | |
| Contact Person Name: | | | |
| Address: | | | |
| Phone: | E-mail: | | |
| IF EVENT: | | | |
| Type of event: | | | |
| Date of event: | | _ | |
| Location: | | _ | |
| Cost to attend event: | | _ | |
| Who will attend the event: | | | |
| IF SELLING AN ITEM: | | | |
| Description of item: | | | |
| | | | |
| Cost: | | | |
| Potential Customers: | | | |
| | | | |

Send completed form to Grants Chair, Mary Jane Woll, 931 Hamilton Way, Warwick, PA 18974

Once the request has been granted, you will receive notification from the Grants Chair. Keep that notification letter as you will need it when applying for a grant.