



SCS FUNDRAISING REPORTING

Nam	e of Event:	Date Held:	
		# Participants Attended:	
	nization:		
Event Coordinator:	Name:	Email:	
	Cell Phone:	Alt. Phone:	
Reporting Party:	Name:		
	Cell Phone:	Alt. Phone:	
Facility Used:	O Parish Hall & Kitchen O Parish Hall	O Parish Center Library	O Parish Center Room
Purpose of Fundraiser:			
Benefit to St. Catherine	Parish:		
Beneficiary of Fundraise	er: If there is more than one benefic	ary, please list percentages	of profits that will be donated.
100% of the proceeds: _	;%	;%	;%
	INCOME		
	INCOME:	·	
	EXPENSES:	•	
	PROFIT:	·	
Beneficiary of Fundraise	er: If there is more than one benefice	ary, please list percentages	of profits that will be donated.
100% of the proceeds: _	;%	;%	;%
Bulletin Submission of Siena are required beneficiary of the fundate requested for subfundraiser which in Failure to comply will emailed to bulletinsubstitution.		es who hold fundraisers of bulletin. Announcement ne, email, and number, to ratitude submission we for the specific benefit in premises. Announcement sude Announcement below:	on the premises of St. Catherine is must include the designated he cost of tickets, and bulletine within two (2) weeks of the ficiary per Canon Law 1262 and can be typed in this space of the cost of Yes O No
	nt:	Date:	