

# Umatilla-Morrow County Head Start FUNDRAISER PLAN

Center \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Date & Time of Event \_\_\_\_\_

Location of Event \_\_\_\_\_

Fundraising activity planned \_\_\_\_\_

Specific Purpose money from Fundraiser will be used for \_\_\_\_\_

Donations? Yes \_\_\_ No \_\_\_ (If "Yes" elaborate) \_\_\_\_\_

Advertising Planned \_\_\_\_\_  
(Attach sample, if possible; all advertising must have Director's Approval)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Team Leader, Teacher, or Family Advocate)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Center Committee Chairperson or Policy Council Rep.)

*Please give a copy of your center's plan to the  
Parent Involvement Coordinator, after approval.*

<b>FOR OFFICE USE ONLY</b>	
PC Approval _____	Chairperson _____
Date _____	