

Combined Fund Drive Fundraiser Form

All fundraisers are required to use the following form in order to be conducted using the Combined Fund Drive name and logo. Please use the following steps when completing your fundraiser.

- 1. Complete this form.
- 2. Attach this form to a money order or cashier's check made payable to Combined Fund Drive.
- 3. Return this form to your Campaign Leader for processing.

Volunteer Information

Name:	Email:	
Agency:	Division:	

Event Information

Name of Fundraiser:		Date:	
Total Income: \$			

○ Yes, I am seeking reimbursement for costs incurred as a result of the event

Reimbursement:

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If you are requesting reimbursement, please include the A-19 with this fundraiser form.

Donation Information

Charity Name:	Charity Code:	Amount:	
Charity Name:	Charity Code:	Amount:	
Charity Name:	Charity Code:	Amount:	
Charity Name:	Charity Code:	Amount:	
		Total Amount	

Campaign Leader Use Only	Combined Fund Drive Staff Only
Date Received:	Date Received:
Received By:	Received By:
Email:	

Combined Fund Drive - PO Box 40250 - Olympia, WA 98504

www.cfd.wa.gov