

Yamhill Carlton Together Cares  
420 S Third St  
PO Box 821 Carlton, OR 97111  
Tel (503)852-4405  
yctogethercares@gmail.com  
www.yctogethercares.com



## FUNDRAISER REQUEST

**Name of YCTC Program:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

### **Event Details**

Name of Event: \_\_\_\_\_ Location: \_\_\_\_\_

Date: \_\_\_\_\_ Cost: \_\_\_\_\_ Number of participants(estimated): \_\_\_\_\_

Description of event: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Who will be handling the monies involved with this fundraiser? \_\_\_\_\_

Describe the plan for how money will be received and accounted for? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please initial the following:

\_\_\_ I understand that all monies must be turned into the YCTC office within 3 days of receiving it.

\_\_\_ I understand that all cash must be signed for when submitting to YCTC office.

\_\_\_\_\_  
Program Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Yamhill Carlton Together Cares, Inc

\_\_\_\_\_  
Date