

Fund-Raising Activities—Fund Raiser Request

**NELSON COUNTY SCHOOLS
Fund Raiser Request**

SCHOOL Foster Heights Elementary SCHOOLWIDE FUND RAISER
CLUB/GROUP Art Activity
SPONSOR(S) Micki Yonts
FUND RAISING ACTIVITY Art to Remember - Student artwork produced on items for families to order

DATE OF FUND RAISER: From (1) August to December ~~FALL~~
LOCATION OF FUND RAISER: (2) February to May ~~SPRING~~ 2014

- School
- Door-to-Door Sales (with accompanying adult)
- Business Community
- Local Business Property

Other Individual student/family order forms
Name of Business
Please specify

NAME OF COMPANY/ORGANIZATION Art to Remember
ADDRESS OF COMPANY/ORGANIZATION 5535 Macy Drive
Indianapolis, IN 46235

TELEPHONE NUMBER OF BUSINESS 800-895-8777

APPROXIMATE AMOUNT OF REVENUE TO BE RETAINED AT SCHOOL \$ 33%

ANTICIPATED USE OF FUNDS Art Supplies and Materials

Micki Yonts 8-7-2014
Sponsor's Signature Date

[Signature] 8/8/14
Principal's Signature Date

Superintendent/Designee's Signature Date

To Be Completed by Central Office Designee

Schoolwide fund-raising activities require Board approval.
Check: Approved Disapproved Date of Board Action: _____ Order # _____

Fund-Raising Activities—Fund Raiser Request

**NELSON COUNTY SCHOOLS
Fund Raiser Request**

SCHOOL Foster Heights Elementary SCHOOLWIDE FUND RAISER

CLUB/GROUP Art Activity

SPONSOR(S) Micki Yonts

FUND RAISING ACTIVITY Art for Hearts
Student created recycled crayon hearts, ceramic objects
and various art products

DATE OF FUND RAISER: From AUG 2014 to MAY 2014

LOCATION OF FUND RAISER:

- School
- Door-to-Door Sales (with accompanying adult)
- Business Community
- Local Business Property _____
Name of Business
- Other _____
Please specify

NAME OF COMPANY/ORGANIZATION _____

ADDRESS OF COMPANY/ORGANIZATION _____

TELEPHONE NUMBER OF BUSINESS _____

APPROXIMATE AMOUNT OF REVENUE TO BE RETAINED AT SCHOOL \$ 100%

ANTICIPATED USE OF FUNDS ART SUPPLIES

Micki Yonts _____ 8-7-2014
Sponsor's Signature *Date*

[Signature] _____ 8/8/14
Principal's Signature *Date*

Superintendent/Designee's Signature *Date*

To Be Completed by Central Office Designee

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Fund-Raising Activities—Fund Raiser Request

**NELSON COUNTY SCHOOLS
Fund Raiser Request**

SCHOOL Foster Heights SCHOOLWIDE FUND RAISER

CLUB/GROUP _____

SPONSOR(S) Jill Howell

FUND RAISING ACTIVITY Monthly food sale

DATE OF FUND RAISER: From September 2014 to May 2015

LOCATION OF FUND RAISER:

- School
- Door-to-Door Sales (with accompanying adult)
- Business Community
- Local Business Property _____

Name of Business

Other _____

NAME OF COMPANY/ORGANIZATION Market Day *Please specify*

ADDRESS OF COMPANY/ORGANIZATION Market Day.com

555 West Pierce Rd, Suite 200

Itasca, IL 60143

TELEPHONE NUMBER OF BUSINESS 1-877-632-7753

APPROXIMATE AMOUNT OF REVENUE TO BE RETAINED AT SCHOOL \$ 1,000.⁰⁰

ANTICIPATED USE OF FUNDS Technology

Jill Howell *Sponsor's Signature* 8/5/14 *Date*

[Signature] *Principal's Signature* 8/5/14 *Date*

Superintendent/Designee's Signature _____ *Date*

To Be Completed by Central Office Designee

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