

**FIRST CONGREGATIONAL CHURCH  
Port Washington, Wisconsin**

Charitable Fundraiser Contribution Request

PERSONAL INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

CHARITABLE FUNDRAISER

Name of Event \_\_\_\_\_

Event Website \_\_\_\_\_

Date of the Event \_\_\_\_\_

Check Payable To \_\_\_\_\_

OTHER PERTINENT INFORMATION OR COMMENTS

Contribution Approved - \$100

Date \_\_\_\_\_

Signature of the Chair of the Community Outreach Team \_\_\_\_\_