

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.*

FOR OFFICE USE ONLY	
PC Approval _____	Chairperson _____
Date _____	