

Cisco ISD

Fundraiser Request Form

Date of Request: _____ Date of Fundraiser: _____

Organization Name: _____

Sponsor(s): _____

Description of Fundraiser: _____

Revenue from this fundraiser will be used for the purpose of: _____

Estimated Revenue for CISD Organization: _____

Fundraising Company: _____

Percentage of sales going to fundraising company: _____

Yes No Is a plan for pre-sales utilized? _____

What is the estimated time before delivery of merchandise: _____

Lead Sponsor's Signature

Campus Administrator's Signature

Superintendent's Signature

Please turn in your purchase order for your fundraiser with this form.