

FOR CHANCERY USE

Application received (date): _____

Application approved (date): _____

APPLICATION FOR PERMISSION TO CONDUCT A CAPITAL FUND RAISING CAMPAIGN

PARISH/INSTITUTION _____ TOWN _____

PASTOR/DIRECTOR _____ DATE _____

The Pastor/Director will kindly complete this application and submit it to the Vice Chancellor's Office for presentation to the Bishop and the College of Consultors.

1. Purpose of the Campaign: _____

2. Goal of Campaign: \$ _____

3. Has the Diocesan Development Office been contacted to assist with your fund raising plans? _____ Yes

_____ No, we plan to contract with a fund raising firm but we will contact the Development Office now to review our fund raising plans.

Campaign Consultant: _____

4. Campaign Timeline:

Start: _____ Finish: _____

Pledge Redemption Period: _____

5. Cost of Campaign: \$ _____

6. Method of Campaign: (Please check all appropriate boxes)

_____ Major Gifts _____ Door-to-Door Solicitation

_____ Direct Mail _____ Other (Please explain) _____

7. Does the campaign have the support of all appropriate parish/agency advisory groups?

Please Explain: _____

Please turn over this form to complete the application.

8. Please include with this application any proposed or official campaign materials or other information that you think would be helpful: _____

Please note that once you have the results of your completed fund raising campaign and have prepared a specific project budget, it will be necessary for the parish/institution to return to the Bishop, the College of Consultors and/or the Diocesan Finance Council for formal approval of the actual expenditure.