



PAXTON-BUCKLEY-LODA COMMUNITY UNIT SCHOOL DISTRICT NO. 10

Cliff McClure, Superintendent

P. O. Box 50, Paxton, Illinois 60957

Phone: (217) 379-3314 Fax: (217) 379-2862

REQUEST FOR FUNDRAISER

DATE OF REQUEST: _____

ORGANIZATION: _____

SPONSOR _____

ITEM OR SERVICE TO BE SOLD: _____

UNIT COST: \$ _____

SELLING PRICE: \$ _____

PROFIT: \$ _____

VENDOR NAME AND ADDRESS: _____

DATE(S) OF FUNDRAISER: _____

FUNDS WILL BE USED FOR: _____

Sponsor or Coach Signature / Date

**NOTE: Fundraising Request must be approved before merchandise is ordered.
Allow a minimum of one (1) week for processing request.**

FOR OFFICE USE ONLY

- Request approved. Please submit Financial Report within one (1) week of completion of fundraiser.
- Requested date has been reserved. Please reschedule.
- See Principal/Assistant Principal .

Superintendent / Date