



1332 Pittsford-Mendon Road
PO Box 665
Mendon, New York 14506
(P) 585-624-5555
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Camp Good Days & Special Times, Inc.
Fundraising Activity Approval Form

Date Form Completed _____

Company/Organization _____
Contact Person _____
Address _____
City _____ State _____ Zip _____
Email _____
Phone _____ Fax _____

Description of Proposed Fundraising Activity _____

Date _____ Time _____

Estimated Net Donation \$ _____
Proposed Date Donation Will be Presented to Camp Good Days _____
Donation Presented in person mailed dropped off at Mendon Office

How will you promote the event? _____

If approved:

Would you like any Camp Good Days literature? YES NO
Would you like a Camp Good Days representative to speak at your event? YES NO

Is anyone being employed or otherwise paid in regard to this fundraiser? YES NO
If yes, please explain _____

*****Camp Good Days & Special Times DOES NOT USE telephone solicitation for funds.***
***** Camp Good Days & Special Times DOES NOT USE professional or paid fundraisers.***

All work performed for this fundraiser must be voluntary in nature. No person may be employed to work on this activity.

I certify that all of the above is true:

Signature _____
Printed Name _____ Date _____

I certify that I am not a professional fundraiser and there will not be any paid fundraisers used in this event:

Signature _____
Printed Name _____ Date _____

The Board of Directors of Camp Good Days & Special Times, Inc., hereby authorizes the above named individual and/or the name of any one of the Camp Good Days sponsored programs for a fundraising activity as approved above with the net proceeds of such activity to be donated to Camp Good Days and Special Times, Inc. In authorizing the use of the name Camp Good Days and Special Times, Inc or any said program titles, the Board of Directors, The Camp Staff or it's volunteers DO NOT accept any responsibility or liability for the group involved in the activity, or the vendors associated with providing services to the group sponsoring the activity, nor will they be held responsibility for any liability in connection with the activity itself.

INTERNAL USE ONLY

Approved by _____ Date _____
Coordinator _____

Follow Up Notes: