



The Lutheran Church of Our Savior

7365 Indian Head Highway

Bryans Road, MD 20616

(301) 375-7507

Fundraiser Request

POC Name: _____ Submitted Date: _____

Reason for Fundraiser:

Description of Fundraiser & Methodology:

Expense Outlay: \$ _____ Check One: Myself Church

Refund Expected: Yes No

Brief description of items:

Description of how monies raised will be spent, including withdrawal procedures:

Approved by: _____

Date: _____