**WSU Extension/Island County 4-H 360.639.6064 Fundraising Notice Complete at 30 days prior to your event.**

**Purpose: To verify fund raising events are in compliance with all 4-H regulations. Please raise funds for a purpose, deposit all funds collected in a group bank account (no personal accounts), and reports total income. Request further information from the WSU Extension/Island County Office.**

**Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Group/Club Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bank\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program/Club Leader:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of fund raiser:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date & Place of fund raiser:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Purpose of fund raiser:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Donations will be solicited in the name of 4-H. Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_**

**Please list individuals will be soliciting donations:**

**Income is expected from the following sources:**

**\_\_\_\_ Entries (gate fees) \_\_\_\_ Car Wash \_\_\_\_ Sale of goods**

**\_\_\_\_ Cash Donations \_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Raffle (you must follow Washington State Gambling Commission Rules for conducting a raffle). Contact the Extension Office for compliance issues.**

**Expected Expenses – Please detail and remember to keep all receipts.**

**Expected Profit – Income less expenses $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Fundraising chairperson.**

**Date received in Extension Office\_\_\_\_\_\_\_\_\_**

**Complete and mail to WSU Extension/Island County 4-H, 406 N Main Street, Coupeville, WA 98239 or scan and email to** **cathi.mannfisher@wsu.edu**