Kiwanis
CLUB OF ROSEMEAD

PO Box 832, Rosemead CA, 91770
www.kiwanisclubofrosemead.org

Joint Fundraiser Proposal

SCHOOL NAME: _____

PROJECT NAME: _____

CONTACT PHONE NUMBER(S): _____

AUTHORIZED PERSON IN CHARGE: _____
Name Position

TYPE OF FUNDRAISER: _____

APPROXIMATE DATE OF FUNDRAISER: _____

Describe the purpose of the fundraiser (how the money raised will be spent) and how it meets one of Kiwanis' listed priorities.

Will you need initial funding from Kiwanis? If yes, what will it be used for?
Note: This will be deducted from the final matching funds you receive.

If your project is chosen, the check should be made out to whom?

YOUR SIGNATURE: _____

PLEASE SEND COMPLETED FORMS TO EITHER:
E-MAIL: vantracle@gmail.com
E-MAIL: kiwanisrosemead@gmail.com

rev. 05/21/2026