

Combined Fund Drive Fundraiser Event Form

All fundraisers are required to use this form in order to use the Combined Fund Drive name and logo. Please complete this form and submit it to your Campaign Leader.

Volunteer Information

Name:	Email:	
Phone:	Agency:	Division:

Event Information

Total Amount: \$

DO NOT include Payroll Contribution Forms in Total Amount.

Reimbursement: \$

Leave field blank if you are not requesting reimbursement. If you are requesting reimbursement, please submit a copy of your A-19 with this fundraiser form.

Donation Information

Charity Name:	Charity Code:	Amount:
Charity Name:	Charity Code:	Amount:
Charity Name:	Charity Code:	Amount:
Charity Name:	Charity Code:	Amount:
Charity Name:	Charity Code:	Amount:
Total Amount:		\$

Campaign Leader Use Only

Received By:	Email:	Date:
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Combined Fund Drive - PO Box 40250 - Olympia, WA 98504

(360) 902-4162 - cfid@sos.wa.gov

www.give.wa.gov