

**Oregon Episcopal School  
FUNDRAISING ACTIVITY PROPOSAL  
2007-08 School Year**

**Project Name** \_\_\_\_\_

**Project Beginning Date** \_\_\_\_\_ **Project End Date** \_\_\_\_\_

**Sponsoring Group** \_\_\_\_\_

**Project Chair/Coordinator** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Purpose/Beneficiary of Project** \_\_\_\_\_

**Project Description** \_\_\_\_\_

**Goals, Financial and Other** \_\_\_\_\_

**How does this project meet the Mission of the School?** \_\_\_\_\_

**Does this project raise funds for a third party (local charity, etc?)**    **No**    **Yes**  
*(If approved, the OES Development office must receive approval from recipient organization.)*

**Is this project part of the All-School Service Learning program?**    **No**    **Yes**

**Approximately how many OES volunteers will be required?** \_\_\_\_\_

**Which constituencies will be solicited for this project?** \_\_\_\_\_

**List school facilities and resources needed for the project** \_\_\_\_\_

**Approved by Service Learning Chair, if applicable:**    **No**    **Yes**   **Date** \_\_\_\_\_

**Approved by Division Head, if applicable:**    **No**    **Yes**   **Date** \_\_\_\_\_

**Approved by Advancement Office:**    **No**    **Yes**   **Date** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This form must be returned to the Development/Advancement Office 8-10 weeks prior to project's requested start date. Questions: Call 503-768-3153*