



ANNAPOLIS AREA
CHRISTIAN SCHOOL

FUNDRAISER PROMOTION FORM

Staff/Parent Volunteer Contact Name _____

Contact Phone # _____

Contact Email _____

Department or Interest Group to Benefit _____

Have you notified the appropriate staff or coach? _____

Give a description of your fundraising idea (please include how the funds will be used) _____

Date of Fundraiser _____

Start and End Times _____

Fundraising Goal _____

Head Volunteer Names (willing to help with promotion) _____

Who will act as photographer at your fundraiser? _____

Besides the school website and campus newsletters, how do you plan to help promote this fundraiser? _____

Please submit this completed form, along with any flyers, posters or photos to Ashlee Kastendike in the Development Office at least 20 days before your fundraiser begins.

akastendike@aacsonline.org * 410.551.0907 FAX
109 Burns Crossing Road * Severn, MD 21144

INTERNAL USE - Receipt Date: ____/____/____ **Approved?** _____ **Initials:** _____