West Bonner School District

COMMUNITY RELATIONS

4530F

Crov	vdfun	ding	Rec	uest	Form

Crowdfunding requests must be made via a	fully completed copy of this form.
Contact Person	
Name:	
Job Title:	
Phone Number:	Email Address:
School:	
Campaign Information	
Crowdfunding Website to be Used:	
Target Amount of Fundraising and/or Items	Requested:
Recipient Classroom, Program, and/or Activ	vity:
Campaign Start Date:	End Date:
Please attach a copy of the exact language the crowdfunding campaign.	e to be included in the post and/or advertising for
Signature of Applicant	
•	O Crowdfunding. I understand that I must have the before I begin this crowdfunding webpage or effort.
Name:	Date:
Signature:	

Please select one: ______ I have consulted the coordinator of technology and media service and the coordinator has confirmed the technology-related items the crowdfunding effort seeks to obtain are acceptable. _____ I have consulted the coordinator of technology and media service and the coordinator has deemed the technology-related items the crowdfunding effort seeks to obtain unacceptable. _____ This crowdfunding effort does not seek to obtain any technology-related items. Please select one: _____ I, the building principal, authorize this crowdfunding request. _____ I, the building principal decline to authorize this crowdfunding request. Name: ______ Date: ______

Signature:

Procedure History:

Promulgated on: October 16, 2019

Revised on: Reviewed on: