

**4-H Fundraising Activity  
Proposal**

If your 4-H club is planning to participate in any fundraising activity it is necessary to notify the Extension office of your intention. Please complete the following form and turn it in to the Extension Office **BEFORE YOUR FUNDRAISING ACTIVITY FOR APPROVAL OF ACTIVITY.**

*Remember: you are not covered for liability for fund raising activities.*

Bring or mail to: **OSU Extension Service  
Washington County 4-H Finance Committee  
18640 NW Walker Rd., Suite 1400  
Beaverton OR 97006-8927**

Club Name \_\_\_\_\_

Person Responsible for Fundraising Activity \_\_\_\_\_  
Name Phone

Address \_\_\_\_\_

Description of Proposed Fundraising Activity  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Proposed Activity \_\_\_\_\_ Amount you want to raise \_\_\_\_\_

Purpose or need for the funds. How will the funds be used?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please complete the backside of this form and return it  
to the Extension Office upon completing the fundraising activity.**

-OFFICE USE ONLY-	
<b>Date Received:</b>	
Approved by: _____	Not approved _____
Date approved: _____	Reason: _____

**A copy of  
this form  
will be  
returned to  
you upon  
approval.**

# 4-H Fundraising Report

Club: \_\_\_\_\_

Date of financial report: \_\_\_\_\_

Activity: \_\_\_\_\_

Date of activity: \_\_\_\_\_

Leaders Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City state zip code

<b>Income</b>			<b>Budgeted Income</b>	<b>Actual Income</b>
Received From	Purpose	Check No./Cash		
Please add additional pages if necessary		<b>Total Income:</b>		

<b>Expenses</b>		<b>Budgeted Expenses</b>	<b>Actual Expenses</b>
<b>Total Expenses</b>			

<b>Fundraising Activity Ending Balance:</b>		
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Bring or mail to: OSU Extension Service  
 Within 30 days Washington County 4-H Finance  
 following the 18640 NW Walker Road, Suite 1400  
 activity Beaverton OR 97006-8927

**Office Use Only**

Date Received: \_\_\_\_\_

Date Mailed to Treasurer: \_\_\_\_\_