



WEST SHORE SCHOOL DISTRICT
Fundraising Request Form

Please Note: Approval for request must be received prior to the start of the fundraising activity.

School _____ Organization _____

Contact Name _____ Daytime Phone Number _____

Proposed activity or item(s) to be sold (attach relevant brochures, handouts, etc. related to the fundraiser):

Timeline of Event: _____

Dates to Collect Orders: _____

Delivery Date to School: _____ Delivery Date to Purchaser: _____

Monetary Goal: \$ _____ Profit Margin: \$ _____

Clearly state how you will document and acknowledge receipt of monies from students:

Briefly outline how funds generated from this activity will be used:

If the activity involves the sale of taxable items, the organization listed above is responsible for the collection and remittance of Pennsylvania sales tax.

Pennsylvania sales tax identification number (if remitting tax to PA): _____

Information below to be completed by individual requesting approval.

Sales tax on taxable items will be paid directly to the vendor for taxable items to be sold. ☐ Yes ☐ No ☐ N/A

Does the fundraiser comply with Student Wellness Policy #246? ☐ Yes ☐ No ☐ N/A

Does the fundraiser comply with Student Fundraising Policy #229? ☐ Yes ☐ No

Does the fundraiser have student involvement? ☐ Yes ☐ No

Will the fundraiser benefit a District student group? (If yes, list group name below) ☐ Yes ☐ No

Any other additional information for consideration: _____

Signature _____

Date _____

OFFICE USE ONLY

☐ Approved

☐ Disapproved

Principal's Signature _____

Date _____