

TEMPLE FUNDRAISING ACTIVITY APPROVAL FORM

TO: Potentate, _____ Shriner(s), located _____, _____
TEMPLE NAME CITY STATE/PROV

RE: Temple Approval to Conduct a Shrine Fraternal Fundraiser

We respectfully request permission to hold the following Fraternal fundraising activity for the benefit of _____.

FUNDRAISER TYPE AND NAME

We understand that the statement of purpose and the disclosure published on any solicitation materials, tickets, programs, and documents, including all electronically transmitted material, regarding the use of proceeds shall read:

Proceeds are for the benefit of (_____ Shriner(s))
(_____ Unit/Club) activities. Payments are not
UNIT OR CLUB NAME
deductible as charitable contributions.

CHECK ONE

☐ This fundraiser is not a gaming or raffle related activity.

☐ This fundraiser is a gaming or raffle related activity. If this fundraiser is related to gaming or raffles **see pages 26 and 27 of the General Order No. 1, Series 2025-2026**. The section below; "Notice to Temple Attorney", will need to be completed.

Sponsor of the activity: _____
TEMPLE, UNIT OR CLUB NAME

Type of activity: _____

Date(s) of activity: _____

To be held: _____

Requested by: _____ **Title:** _____
PRESIDENT OR CHAIRMAN ONLY

Mailing Address: _____

Phone: Cell _____ Home _____ Email _____

TEMPLE OR REVIEWING ATTORNEY:

I, _____, attorney for _____ Shriner(s) having received and reviewed the written description, contracts, applications or registrations, along with the applicable sections of the General Orders as noted above, am of the opinion that the laws of _____, where the activity is to be held, support the Potentate's approval of the requested fundraising activity and have provided the temple Potentate a written opinion to that effect.

Signed: _____, Temple/Reviewing Attorney

Potentate's Approval: _____, Date: _____

The completion of the above follows the Temple Governance section, along with the Shrine Fundraising policy and procedures of the current General Order No. 1, under the Fundraising Activities section.

Do not use this form for fundraising events benefitting Shriners Hospitals for Children.

Received by Shriners International Headquarters: _____ **Date:** _____