



Fundraiser Signup Form

Location: Valparaiso Munster

Organization Name: _____

Mailing Address
of Organization: _____
Street City State Zip

Email: _____ Phone: _____

Contact Name: _____ Contact Phone: _____

Description of Organization:

Do not mark below line. This section is for Casa Del Mar staff only.

Confirmed Fundraiser Date: _____

Confirmed By: _____

Application Date: _____