

**Bethel Missionary Baptist Church
2607 South Avenue
Wappingers Falls, New York 12590**

Fundraising Application

Name _____

Address _____

Phone (H) _____ (C) _____

Email address _____

Title of fundraiser _____

Date of fundraiser _____ Time _____

Brief description of fundraiser _____

Request for seed money _____

Proceeds of funds to benefit _____

Person(s) responsible for fundraiser _____

Official signatures for approval of fundraisers

Dr. Edward L. Hunt _____

Deacon Henry Lawrence _____

Trustee Bob Crenshaw _____

Ex. Trustee Linda Melton Mann _____