



Thomas Jefferson Raider Parent Movement  
Supporting the 4As at Thomas Jefferson High School

P.O Box 3071, Federal Way WA 98063-3071  
4248 South 288<sup>th</sup> Street, Auburn WA 98001

[www.tjrpm.org](http://www.tjrpm.org)

**Fundraising Request Form**

**Email Completed Form To:** [RPM@TJRPM.org](mailto:RPM@TJRPM.org)

I certify by submission and signature of this fundraising request form that no student or athlete will be handling any funds from this fundraiser/event directly. They may be present, solicit requests, help facilitate the fundraiser, however a parent or advisor/coach, must be the one to handle the monies. If not, this would be an ASB driven fundraising event instead.

**Event Advisor/Coach Name:** \_\_\_\_\_ ☐ Aware of this Request

**Requestor/Event Contact Information:**

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Event/Project Name:** \_\_\_\_\_

**Event Project Date(s):** \_\_\_\_\_ **\*2 weeks' notice required.**

**Event Project Location(s):** \_\_\_\_\_

**Estimated Funds Raised/Goal:** \$ \_\_\_\_\_ **Actual Funds Raised:** \$ \_\_\_\_\_

**Describe the Fundraising Event/Activity:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Money Options:**

☐ PayPal QR/Special Code ☐ Cash Box ☐ Credit Card Reader

**Equipment Check Out Date:** \_\_\_\_\_ **Check In Date:** \_\_\_\_\_

**PayPal/Online Amounts:**

☐ \$25 ☐ \$50 ☐ \$100 ☐ Other: \$ \_\_\_\_\_ ☐ Tell us what amounts: \_\_\_\_\_

**Additional Notes or Instructions:**

\_\_\_\_\_  
\_\_\_\_\_

**Requestor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TJHS Office Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RPM Officer/President or Treasurer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_