

**David & Joyce Milne Public Library**

**Fundraising Registration Form**

Name of Organization \_\_\_\_\_

Contact \_\_\_\_\_

Phone \_\_\_\_\_

Email of contact \_\_\_\_\_

Date of Fundraising Event \_\_\_\_\_

Activity of the fundraiser (e.g. raffle tickets, sale, etc)\_\_\_\_\_

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The library is not responsible for any money missing/lost from the fundraiser.

Signature \_\_\_\_\_

Director's signature \_\_\_\_\_