

Special Event / Fundraising Budget Form

Name: _____

Location (Venue, City & State): _____

Event Title: _____

Location: _____

Event Description and Objectives: _____

Expenses

Facility Rental: \$ _____

Food and Beverage: \$ _____

Entertainment: \$ _____

Audiovisual Equipment: \$ _____

Printing: \$ _____

Postage: \$ _____

Raffle Items: \$ _____

Other: \$ _____

\$ _____

\$ _____

Total Expenses = \$ _____

Estimated Income

Donations: \$ _____

Corporate Sponsors: \$ _____

Ticket Sales: \$ _____

Total Income: \$ _____

Total Income – Total Expenses = \$ _____

Amount donated to the MF = \$ _____

**Please submit this form along with any checks to the MF within 10 days of your event*