

**Student Fund-Raising Activity Request**

Date: From \_\_\_\_\_ To \_\_\_\_\_

To Whom it May Concern:

The Willamina School District does hereby authorize:

\_\_\_\_\_  
(Name of Individual Receiving Authorization)

to sell \_\_\_\_\_  
(Name of Product/Item for Sale)

for the purpose of raising funds for \_\_\_\_\_  
(Funds to be Used for)

\_\_\_\_\_  
Signature of Person Authorizing Sales

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Fund-Raiser Coordinator

\_\_\_\_\_  
Date

Any questions regarding this fund-raising activity should be directed to the person authorizing sales.