



Semester Fundraising/Event Plan

MMG Organization: _____

Semester/Year: _____

Fundraising/Event Coordinator's Name: _____

Email: _____ Cell Phone #: _____

This semester, we plan to hold _____ EVENTS.

This semester, we plan to hold _____ FUNDRAISERS.

Description of planned EVENTS, with tentative dates:

Description of planned FUNDRAISERS, with tentative dates: