



# THE HINDU TEMPLE OF MINNESOTA

## Fund Raising Event Request Form

**Event Name:** \_\_\_\_\_

**Request By:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Event Date:** (1<sup>st</sup> Preference) \_\_\_\_\_

(2<sup>nd</sup> Preference) \_\_\_\_\_

### BRIEF DESCRIPTION OF THE EVENT

---

---

---

---

---

---

---

---

**Expected Expenditure:** \$ \_\_\_\_\_

**Expected ROI:** \$ \_\_\_\_\_

### ADDITIONAL COMMENTS:

---

---

Please email this form to: [fundraising@hindumandirmn.org](mailto:fundraising@hindumandirmn.org)