



**Fundraising Event Budget**

This is an anticipated budget to 1) help you with your event preparation and 2) to allow our staff to plan enough time to support your effort. or internal use to help our staff plan the appropriate amount of time to support your effort. You will not be held

Fund Name \_\_\_\_\_  
*(The Spartanburg County Foundation Fund)*

Name of Fundraising Event \_\_\_\_\_

Submitted by \_\_\_\_\_ Date of Event \_\_\_\_\_

**Total Estimated REVENUE: \$** \_\_\_\_\_

Sources of Revenue

Income

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**Total Estimated Expenses \$** \_\_\_\_\_

Anticipated Expenses

Cost

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**Fundraising Net Goal (Revenue minus Expenses) \$** \_\_\_\_\_