



## FUNDRAISING ACTIVITY REQUEST

---

PURPOSE:

---

---

ORGANIZATION: \_\_\_\_\_

DATE/DURATION OF FUND RAISER:

---

EMPLOYEE(S)/STUDENT(S) INVOLVED: \_\_\_\_\_

---

EMPLOYEE/CLUB ADVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature(s)

SUPERVISOR/DIRECTOR OF SALO: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature(s)

Recommends Approval \_\_\_\_\_ Does not recommend approval \_\_\_\_\_

S.V.P. OF STUDENT SERVICES: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED \_\_\_\_\_

NOT APPROVED \_\_\_\_\_

# LARGE FUNDRAISING EVENT OR SPONSORSHIP REQUEST

EVENT/PURPOSE: \_\_\_\_\_

\_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_

PLANNED ACTIVITIES: \_\_\_\_\_

\_\_\_\_\_

DATE(S) OF ACTIVITIES: \_\_\_\_\_

EMPLOYEE(S)/STUDENT(S) INVOLVED: \_\_\_\_\_

\_\_\_\_\_

IF SPONSORSHIP WILL BE SOUGHT, PROSPECTIVE SPONSORS WILL INCLUDE:

\_\_\_\_\_

\_\_\_\_\_

EMPLOYEE/CLUB ADVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature

SUPERVISOR/DIRECTOR OF SALO: \_\_\_\_\_ DATE: \_\_\_\_\_

S.V.P. OF STUDENT SERVICES: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_

Signature

V.P. FOR INSTITUTIONAL ADVANCEMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature

Recommends approval \_\_\_\_\_ Does not recommend approval \_\_\_\_\_

Presidential Approval

Yes

No

Signature and Date