



# Fundraising Request

Name of Club/Organization/Organizer: \_\_\_\_\_

President/Officer/Organizer: \_\_\_\_\_

Club/Organization Advisor(s): \_\_\_\_\_

Advisor/Organizer Phone #: ( )\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Describe the event planned:

Date(s) of event: \_\_\_\_\_ Campus: \_\_\_\_\_

Location of event: \_\_\_\_\_

Has the club/organization done this project before: Yes \_\_\_\_\_

Purpose of event: \_\_\_\_\_

State how purpose of event relates to College Mission Statement and/or Expanded Statement of Purpose:

\_\_\_\_\_  
Club/Organization President/Officer/Organizer

\_\_\_\_\_  
Approval Date

\_\_\_\_\_  
Club/Organization Advisor(s)

\_\_\_\_\_  
Approval Date

\_\_\_\_\_  
Coordinator of Special Populations

\_\_\_\_\_  
Approval Date

\_\_\_\_\_  
Vice President (as specified by Organizational Chart)

\_\_\_\_\_  
Approval Date

\_\_\_\_\_  
President/Designee

\_\_\_\_\_  
Approval Date