

Request to Raise Funds Form

Student Government Association

Club Name: _____

Fundraiser Title: _____

Date and Time of Fundraiser: _____ Location: _____

Fundraiser Description: _____

Primary Contact Information

Name: _____ Phone: _____

Purpose of Fundraiser: _____

Advisor Signature: _____ Club Treasurer Signature: _____

This form must be in within two weeks before the fundraiser. If participating in the Fundraising Incentive Program, form must be in two weeks prior to fundraiser. All money raised through approved fundraising activities must be deposited within one week of collecting the funds.

Would you like to participate in the Fundraising Kick-Off Program? : Yes No

If yes, list supplies needed along with quantity and price (SGA will cover items from your list within a \$100 limit for your club):

SGA can either purchase the items directly or reimburse the club (Disbursement Form needed).

Preferred choice: _____

If asking for donations please include the organization and amount or materials asked for on a separate piece of paper.

OFFICE OF COLLEGE ADVANCEMENT AND SGA USE ONLY

Date Received by Student Government Association: _____ Approved Denied Initials: _____

Date Received by Office of College Advancement: _____ Approved Denied Initials: _____

Please refer to the Coordination Policy for additional details.