

GADSDEN STATE COMMUNITY COLLEGE FUND-RAISING ACTIVITY REQUEST FORM

LIST REQUESTING ORGANIZATION AND NAME AND LOCATION OF ADVISOR/SPONSOR. IF SOMEONE OTHER THAN ORGANIZATION ADVISOR/SPONSOR IS SUBMITTING REQUEST, PLEASE LIST THE ASSOCIATION WITH THE ORGANIZATION: _____

DESCRIBE FUND-RAISING ACTIVITY: _____

PURPOSE OF FUND-RAISING ACTIVITY: _____

IF THIS IS AN EVENT, PLEASE LIST: PROJECTED ATTENDANCE _____, DATE _____, TIME _____, AND LOCATION OF EVENT: _____

WILL THIS REQUIRE A CONTRACT WITH ANY OUTSIDE ORGANIZATIONS? _____ NO _____ YES

IF YES, PLEASE EXPLAIN: _____

COST OF ADMISSION: _____ PROJECT AMOUNT OF MONEY TO BE RAISED: _____

PLEASE LIST NAME, TITLE AND LOCATION OF PERSON RESPONSIBLE FOR HANDLING MONEY: _____

IF THE ACTIVITY INVOLVES FUND SOLICITATION IN PERSON OR BY MAIL, PLEASE COMPLETE THE FOLLOWING INFORMATION:

LIST AMOUNT TO BE REQUESTED FROM EACH DONOR: _____

PROJECTED DATE OF MAILOUT AND /OR PERSONAL CONTACTS: _____

PLEASE ATTACH COPIES OF ANY PROPOSED FUND-RAISING INFORMATION (LETTERS, LIST OF THE NAMES OF DONORS TO BE SOLICITED, ETC.)

ALL FUNDS RAISED WILL BE DEPOSITED IN THE GADSDEN STATE'S BUSINESS OFFICE (ALLEN HALL) UNLESS APPROVED OTHERWISE AND USED FOR THE ABOVE STATED FUND-RAISING ACTIVITY.

ADVISOR/SPONSOR SIGNATURE

DATE

DEAN OF FINANCIAL AND
ADMINISTRATIVE SERVICES

DATE

VICE PRESIDENT

DATE

PRESIDENT

DATE