



Office of Institutional Advancement
Form A: Request to Conduct Fundraising Activity

Date:	
Group Name:	
501c3 Status:	
Address:	
City, St Zip	
Contact Name:	
Preferred Phone:	
Preferred Email:	

Name of Event/Activity:	
Beginning & Ending Date:	

Description of Event/Activity:

Solicitation/Collection Methods:

Planned Use of Net Proceeds:

Submitted By: <small>(Print Name)</small>		Date:
Vice President: <small>(Signature Approval)</small>		Date:
IA Approval:		Date:

Form must be accompanied by a budget outlining all expenditures and anticipated revenue.