 **Fundraising Request Form**

Date Received:

*This form must be submitted up to three weeks prior to the start of your fundraiser.*

*You will be expected to submit a financial report at the conclusion of your event.*

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Contact Person(s), Phone/Email | | | | | | | |
| Group organizing event |  | | | | | | |
| Date(s) of event |  | | | | | | |
| Time / Location of event |  | | | | | | |
| Name of event |  | | | | | | |
| Amount of money you are aiming to make:$\_\_\_\_\_ | | | | | | | |
| List the group that will benefit from this project: | | | | | | | |
| Is this a project for a charitable organization?  YES NO If Yes, please complete all of Section A. If no, skip to section B. | | | | | | | |
| **Section A:** | | | | | | | |
| If being donated to a charitable organization, list the contact person: | | | | | | | |
| List the address for charitable organization: | | | | | | | |
| City: State: Zip: | | | | | | | |
| **Section B:** | | | | | | | |
| Describe how you will be raising money: | | | | | | | |
| List the details of your fundraiser: | | | | | | | |
| Type of advertising planned/requested (on campus-fliers, e-mail, table tents, off-campus – posters, local newspapers, radio) *Be sure to have your ads approved by the Office of Student Activities and Leadership.* | | | | | | | |
|  | | | |  | |  |  |
|  | | | |  | |  |  |
| Target Audience (Wells community, parents/families, local community, alumnae):On Campus Off Campus Both | | | | | | | |
| Additional information: | | YES | NO | |  | | |
| Will you be using the Wells College Logo? | |  |  | |  | | |
| Have you completed an Event Form? | |  |  | |  | | |
| Was this fundraiser approved by Cabinet? | |  |  | |  | | |

Advisor/Professor/Coach Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*For Teams Only* - Athletic Director Approval Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Office Use Only |  |  | |  |
| \_\_\_\_\_\_\_\_ | Director of Student Activities and Leadership |  | |  |
| \_\_\_\_\_\_\_\_ | Collegiate Treasurer | Approved | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | | | Not Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |