 **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.* |
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|  |  |  |  |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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