



# CLEVELAND STATE COMMUNITY COLLEGE

## Request for Fund-Raising Activity

\_\_\_\_\_ Internal Solicitation Activity      \_\_\_\_\_ External Solicitation Activity

Name of person submitting request \_\_\_\_\_

Name of organization \_\_\_\_\_

Your association with the organization \_\_\_\_\_

Type of fund-raising activity \_\_\_\_\_

*If this is an event, please complete the following:*

Date of event \_\_\_\_\_ Place: \_\_\_\_\_

Times: \_\_\_\_\_

Will this require a contract with any outside organizations?  No  Yes      If Yes, explain: \_\_\_\_\_

Projected attendance \_\_\_\_\_ Cost of Admission \_\_\_\_\_

Project amount of money to be raised \_\_\_\_\_

Name of person responsible for handling money \_\_\_\_\_

Purpose of fund-raising event \_\_\_\_\_

*NOTE: Please complete a separate form for each fund-raising activity.*

***If the activity involves fund solicitation in person or by mail, please complete the following:***

Projected date of mailout \_\_\_\_\_ or personal contacts \_\_\_\_\_

Amount to be requested from each donor \_\_\_\_\_

Names of donors to be solicited (Please attach list).

Please attach a copy of your proposed fund-raising letter and/or case statement.

Activities on campus also require a Facilities Use Form

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

### APPROVALS

\_\_\_\_\_  
Director of Institutional Advancement (external)      Date

\_\_\_\_\_  
Dean of Student Affairs (internal)      Date

\_\_\_\_\_  
Dean of Administrative Services      Date

\_\_\_\_\_  
Dean of Academic Affairs      Date

\_\_\_\_\_  
Dean of Financial Affairs      Date

\_\_\_\_\_  
President      Date