

## **Donation Request Application**

Any student organization seeking donations from either private or corporate entities must complete this form **prior to** requesting donations. This form must be submitted to the Student Activities Office no later than four (4) weeks prior to the fundraising campaign. The requesting of funds may not begin until after the approval of this form.

Today's Date (MM/DD/YY) \_\_\_\_\_

Student Organization \_\_\_\_\_

Student Petitioner

Student Contact Information (Phone Number, E-mail address)

1. Please list your prospects below. This includes company name, contact person and contact information including phone number and mailing address. You may attach additional pages as necessary.

2. By what manner will you solicit donations? (Check all that apply. All must be

attached.)

\_\_\_\_ Letter \_\_\_\_ E-mail \_\_\_\_ Phone Call

**3. If seeking donations via letter, how will you deliver the letter? (Check all that apply.)** 

\_\_\_\_\_ Mail service \_\_\_\_\_ In person \_\_\_\_\_ Specialty shipping (i.e. FedEx, UPS)

## 4. How much are you requesting per prospect (includes in-kind gifts)?

How much money do you want to raise? \_\_\_\_\_

| 5. By what means will you follow-up with your prospect? (C   | heck all that a | pply.)     |
|--|-----------------|------------|
| Phone Call (If so, how often?  | )               | E-mail     |
| Please attach to this form a draft of your donation request letter, that you will use during your fundraising process. ( <b>Remember t that your group is a student organization of the University (</b> | hat this letter | must state |
| Printed Name of President  | Date MN         | A/DD/YY    |
| Signature of President   |                 |            |
| Printed Name of Advisor  | Date MM         | I/DD/YY    |
| Signature of Advisor   |                 |            |
| Printed Name of Dean<br>(For Academic/Degree-Specific Organizations Only)  | Date MM         | I/DD/YY    |
| Signature of Dean<br>(For Academic/Degree-Specific Organizations Only)   |                 |            |
| For Student Activities Use Only  |                 |            |
| Review date:   |                 |            |
| Approved by Director of Student Programs:  |                 |            |
| Copy sent to Advisor? Original in file?  |                 |            |
| FUNDRAISERS ONLY   Review Date:   Approved by Vice Chancellor of Academic and Student Support Services:  |                 |            |
| Review Date:<br>Approved by the Foundation Office:   |                 |            |