FUNDRAISING REQUEST

This form must be approved one month prior to the start date of the fundraising activity

Contact Person ______________________________

Department/Student Organization Doing Fundraising ______________________________

Description of Fundraising Activity ______________________________

Dates of Fundraiser: Start Date ___________ End Date ___________

Proceeds to be used for ______________________________

Targeted Audience of Fundraiser (check all that apply):

☐ Indiana Tech Employees ☐ Indiana Tech Students ☐ Parents of Indiana Tech Students

☐ Alumni ☐ Area Businesses ☐ Other (please describe below)

__________________________

Total Dollar Goal for Fundraiser ______________________________

Requestor Name (Please Print) ______________________________

Requestor Signature ___________________________ Date _________________

Approval Signature

Athletic Director ______________________________ Date _________________
(If athletic fundraiser)

Student Life Coordinator ______________________________ Date _________________
(If student organization fundraiser)

Director of Alumni Relations ______________________________ Date _________________
(if target audience includes Alumni or Area Businesses)

Controller ______________________________ Date _________________
(must approve all requests)