

Form G
FUNDRAISING ACTIVITY REQUEST FROM ORGANIZATION

Faculty Adviser(s)

Type of Fundraising Activity

Beginning Date of Fundraising Activity

Ending Date of Fundraising Activity

Purpose of Activity

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FOR OFFICE USE ONLY:

Date Received _____

Approved _____ Disapproved _____ Date _____

Signature _____

Dean of Students

Approved _____ **Disapproved** _____ **Date** _____

Signature _____

President

Revised August 2015