**Defiance College Fundraising Project Request Form**

(Faculty, Staff, Athletics, Student Organizations)

Name Department

Phone E-mail Fax

Activity

Start Date End Date

Item(s)

**Executive Level Approval** $Amount/Goal

**Obtained From (name/date)**

Proceeds benefit

Describe how you will proceed with your fund raising endeavor.

List who will be approached. (Individuals, business, parents, etc.)

Signature Date

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**Institutional Advancement Office Approval**

Approved by: Name Title Date

Required Changes

Applicant Signature Date

***Fundraising Project Request Forms should be submitted to:*** *Sheri McCoy,* *Advancement Services Coordinator, E-mail -* [*smccoy@defiance.edu*](mailto:smccoy@defiance.edu)*, Phone - Ext. 2304 and Office - Room 215 in Defiance Hall.*

***Questions?*** *Contact John Trautman, Senior Institutional Advancement Advisor, E-Mail –* [*jtrautman@defiance.edu*](mailto:jtrautman@defiance.edu)*, Phone - Ext. 2463 and Office - Room 215 in Defiance Hall.*