



Albion College

Fundraising Activity Request Form

Name of Department or Organization:

Today's Date:

Brief description of proposed Fundraising Activity:

Dollar Goal: \$

Beginning Date of Fundraising Activity:

Ending Date of Fundraising Activity:

Principal location (if applicable) of Fundraising Activity:

From whom will you be soliciting gifts:

Do you anticipate that gifts will be made to Albion College or directly to your organization?

How will the money you raise be used?

Contact person(s) for your department or organization:

Student Organization---name of Advisor:

OFFICE USE ONLY

Date:

Approved: Yes No

Signature:

CHIEF COLLABORATION OFFICER