**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**, Phone - Ext. 2304 and Office - Room 215 in Defiance Hall.*

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