



FUNDRAISING APPROVAL FORM

FUNDRAISER TITLE: _____

DATE OF FUNDRAISER: _____

LOCATION OF FUNDRAISER: _____

EVENT DESCRIPTION AND OBJECTIVES: _____

METHOD OF MONEY COLLECTION:

- | | |
|---------------------------------|------------------------------------|
| <input type="checkbox"/> ONLINE | <input type="checkbox"/> AT EVENT |
| <input type="checkbox"/> MAIL | <input type="checkbox"/> IN PERSON |

PERSON(S) RESPONSIBLE FOR FUNDRAISER: _____

PHONE NUMBER (WITH AREA CODE): _____

EMAIL: _____

ESTIMATED INCOME GOALS

FUNDRAISER GOAL: _____

DONATION GOAL: _____

CORPORATE SPONSORS GOAL: _____

TICKET SALES: _____ COST PER TICKET COST: _____

DEAN/DEPT HEAD/DIRECTOR APPROVAL: _____ DATE: _____

MCNEESE FOUNDATION APPROVAL: _____ DATE: _____