

Student Organization Fundraising Form

RSO: _____
Student Contact: _____ Phone No.: _____
CMB: _____ Student email: _____
Advisor Name: _____ Advisor Phone No.: _____

What is your fundraising goal (amount)? _____

(You must report your final fundraising total and where it goes to the Director of Student Activities!)

Please describe the fundraiser you will conduct: _____

Location: _____ **Date:** _____ **Time:** _____

Will you request donations from any local businesses? Yes No

If yes, what business(es) do you plan to approach?

1. _____

2. _____

3. _____

Office Use Only
Amount of Funds Raised
\$ _____
Donated To: (if applicable)

Please circle the type of advertising you plan to use:

Mountaineer Flyers/Posters

Public Radio Broadcasts

Local Newspapers

Other: _____

I have read, understand and agree to follow the rules and regulations regarding fundraising stated in the student organization manual and on the back of this form. I understand failure to follow these guidelines may result in loss of University privileges.

RSO Officer's Signature: _____ **Date:** _____

Advisor's Signature: _____ **Date:** _____

Approval No Yes

Date: _____

Jennifer M. Hudson, Director of Student Activities

(If applicable) _____ **Date:** _____

Peg Layton, VP Enrollment and Student Services

(If applicable) _____ **Date:** _____

Mark Tuschak, VP Advancement and Public Affairs