## **Defiance College Fundraising Project Request Form**

(Faculty, Staff, Athletics, Student Organizations)

Name			Department	
Phone	E-mail			
Activity				
,	1 -			
Start Date	Enc	l Date		
Item(s)				
Signature of representative on Pr	asidant's Cahinat		\$Amount/Goal	
Signature of representative on Fr	esident's Cabinet		\$Amount/Goal	
Obtained From (name/date)				
Proceeds benefit				
Troccus benefit				

Describe how you will proceed with your fund raising endeavor.

ist who will be approache your fundraising activity places.		· •	=	
iignature		Date		_
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		******	******	******
nstitutional Advanceme		******	**************************************	******
nstitutional Advanceme	nt Office Approval	******		******
nstitutional Advanceme	nt Office Approval	******		******
Approved by: Name	nt Office Approval	******		******
Approved by: Name	nt Office Approval	******		*******

<u>Fundraising Project Request Forms should be submitted to:</u> Sally Bissell, Executive Director of Institutional Advancement, E-mail - sbissell@defiance.edu, Phone - Ext. 2411 and Office - Room 215 in Defiance Hall.

<u>Questions?</u> Contact Sally Bissell, Executive Director of Institutional Advancement, E-Mail – sbissell@defiance.edu, Phone - Ext. 2411 and Office - Room 215 in Defiance Hall.