

STUDENT FUNDRAISING REQUEST FORM

Date of Request: _____

Organization Name: _____

Student Fundraising Representative: _____

Contact Number: _____ Email Address: _____

Faculty Advisor: _____

Contact Number: _____ Email Address: _____

Provide a brief description of the student organization and its mission:

Briefly outline the purpose for the student fundraising request:

Please outline the proposed fundraising goal, target audience, and timeline below*:

*Please attach any promotional materials, and submit with request form

Student Signature: _____ Date: _____

Faculty Advisor Signature: _____ Date: _____

Dean of Campus Life/Chief Diversity Officer Signature _____ Date: _____

Chief Development Officer Signature: _____ Date: _____

The above Student Organization assumes all responsibility for conducting the proposed fundraising project in compliance with the policies and regulations of Wagner College, and agrees to fundraise in compliance with the Wagner College Office of Institutional Advancement. Please sign and submit to the Office of Campus Life, and allow up to four (4) weeks for processing and approval.