## **Fundraising Activity Request**

## Printable Form

Please submit completed form to the Vice President of Student Services if requestor is a student organization, or to the Dean of Instruction or Vice President of Academic Affairs if requestor is an employee group, before submitting it to the Executive Director of the LCC Foundation/Director of Public Relations. Form must be in the Foundation office at least ten school days prior to the start of the proposed fundraising activity.

All Printed material, such as posters, ads, flyers, etc., for the activity must be reviewed by the Director of Public Relations before distribution to the public.

| DATE OF REQUEST  |
|--|
| This request is for a student organization an employee group   |
| Organization or group requesting approval  |
| State the benefits that will result from the fundraising activity. Example: Purchase new furniture and new television set for the student lounge |
|  |
| Describe the fundraising activity  |
|  |
| Date(s) and location of the fundraising activity   |
| Please list all businesses that are going to be asked for donations of either merchandise or services for this fundraising event:                |
|  |
|  |
|  |
|  |
|  |
|  |

\*During the spring semesters, closer scrutiny will occur for requests to ask for donations from

area businesses due to the Annual LCC Foundation Auction for Scholarships.

| If a commercial vendor is participating | g, please com   | plete the follo | owing:            |             |
|---|-----------------|-----------------|-------------------|-------------|
| Name of vendor                          |                 |                 |                   |             |
| Address                                 |                 |                 |                   |             |
| City                                    |                 | State           | Zip               |             |
| Telephone Area Code and Number          |                 |                 |                   |             |
| What fee or percentage will the vendor  | pay to the s    | tudent organi   | zation or employe | e group and |
| how will it be paid?                    |                 |                 |                   |             |
|   |                 |                 |                   |             |
|   |                 |                 |                   |             |
|   |                 |                 |                   |             |
|   |                 |                 |                   |             |
| Expected Revenues                       |                 | \$              |                   |             |
|   |                 |                 |                   |             |
| Expected Expenditures                   |                 |                 |                   |             |
| Printing \$                             |                 |                 |                   |             |
| Postage \$                              |                 |                 |                   |             |
| Supplies \$                             |                 |                 |                   |             |
| Telephone \$                            |                 |                 |                   |             |
| Mileage \$                              |                 |                 |                   |             |
| Other \$                                |                 |                 |                   |             |
|   |                 |                 |                   |             |
| Total Expected Exp                      | enditures -     | - \$            | <u> </u>          |             |
|   |                 |                 |                   |             |
| Expected N                              | et Income       | \$              | <u> </u>          |             |
|   |                 |                 |                   |             |
| Cash on hand for up-front expenditures  | s \$            |                 |                   |             |
|   |                 |                 |                   |             |
|   |                 |                 |                   |             |
|   |                 |                 |                   |             |
| 1                                       | s position with |                 | Date              |             |
| organiza                                | tion or emplo   | yee group       |                   |             |
|   |                 |                 |                   |             |
| I. D. I. J. J.                          |                 |                 |                   |             |
| Vice President's signature              |                 |                 |                   | Date        |
|   |                 |                 |                   |             |
| E                                       | 7 1             |                 |                   | D ==4 =     |
| Executive Director's signature, LCC F   | ounaation       |                 |                   | Date        |

Revised: 7/19/06