



## FUNDRAISING APPROVAL REQUEST FORM

### ORGANIZATION INFORMATION

Organization Name: \_\_\_\_\_

Purpose: \_\_\_\_\_

Funding Goal: \_\_\_\_\_

Budget: \_\_\_\_\_

Advisor \_\_\_\_\_

/Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Start and End Dates: \_\_\_\_\_

to \_\_\_\_\_

### INFORMATION

**Do you need help from Advancement?** The Advancement Department can help you with:

- Information on alum
- Designing your fundraising piece
- Setting up online giving capabilities
- Distributing to your targeted donors

### POTENTIAL FUNDING SOURCES

**Description:**

### FUNDRAISING ACTIVITY #1

**Description:**

**Type of Fundraising Effort:**

- Event       Raffle       Sale of Goods  
 Mailing       Solicit Contributions       Other

**Resources needed:**

- Info on Alum       Designing Literature       Online giving  
 Distribution list       Solicit Contributions       Other

**If Other, Please Describe:**

## FUNDRAISING ACTIVITY #2

**Description:**

**Type of Fundraising Effort:**  Event  Raffle  Sale of Goods  
 Mailing  Solicit Contributions  Other

**Resources needed:**  Info on Alum  Designing Literature  Online giving  
 Distribution list  Solicit Contributions  Other

**If Other, Please Describe:**

## FUNDRAISING ACTIVITY #3

**Description:**

**Type of Fundraising Effort:**  Event  Raffle  Sale of Goods  
 Mailing  Solicit Contributions  Other

**Resources needed:**  Info on Alum  Designing Literature  Online giving  
 Distribution list  Solicit Contributions  Other

**If Other, Please Describe:**

Organization  
Advisor:

Date:

Advancement  
Department:

Date:

**Please return this document to Marsha Riordan, Vice President for Advancement, at [riordanm@wmpenn.edu](mailto:riordanm@wmpenn.edu) or in Penn Hall, Room 213.**