

Fundraiser Approval Form



Organization name: _____

Date of fundraiser: _____

Purpose of fundraiser: _____

Fundraiser Goal: _____

If there are items donated, estimated cost of donated items needed.

Please check all that apply to your fundraiser:

Selling Food* Collecting Goods Collecting Clothing

*Additional document needed (Food waiver)

Name of Organization receiving funds/goods: _____

Address of receiving Organization: _____

Tax Identification of receiving Organization: _____

Contact person at Organization: _____

Advisor Signature: _____

For OSL and SGA Office Use Only

Date Received	
Received By	
Approved/Denied	Reason Denied: