

SAU Tech Fundraising Approval and Request Form

Name of Activity: _____

Date of fundraising activity: From _____ **to** _____
Or if occurring in a single day: _____

Explain details of planned solicitation and event:

Group or organization benefiting from the event: _____

Contact Person:

Name: _____ Phone: _____

Who, if any persons or organizations, are you planning to ask for donations of funds and/or items:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

(If more room is needed attach a sheet with the name, phone and address.)

[To be Complete by VC Council]

Approved: ___ YES ___ NO

If no, explain: _____

Donor Recommendation Form

Event: _____

The following organizations or persons are approved for solicitation of funds or items:

Name: _____ **Contact Person:** _____

Phone: _____ **Address:** _____

Name: _____ **Contact Person:** _____

Phone: _____ **Address:** _____

Name: _____ **Contact Person:** _____

Phone: _____ **Address:** _____

Name: _____ **Contact Person:** _____

Phone: _____ **Address:** _____

Name: _____ **Contact Person:** _____

Phone: _____ **Address:** _____

Name: _____ **Contact Person:** _____

Phone: _____ **Address:** _____

Name: _____ **Contact Person:** _____

Phone: _____ **Address:** _____

Note: All donations must be receipted with a thank you letter or note mailed within 24-36 hours after donation. The communications Office can provide this service for you. Contact Kim Coker or Mary Beth Kilgore for assistance.

After the Event:

Please complete the Donor Reporting form and forward to Communications Office

Donor Reporting Form
(To be complete after event)

Event: _____	Date of Event: _____
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Donor Name _____ **Contact Person** _____
Address _____ **City** _____ **State** _____ **Zip** _____
Phone _____ **Item/Amount Donated** _____ **Date of donation** _____
Date Receipt/Thank You Mailed _____

Donor Name _____ **Contact Person** _____
Address _____ **City** _____ **State** _____ **Zip** _____
Phone _____ **Item/Amount Donated** _____ **Date of donation** _____
Date Receipt/Thank You Mailed _____

Donor Name _____ **Contact Person** _____
Address _____ **City** _____ **State** _____ **Zip** _____
Phone _____ **Item/Amount Donated** _____ **Date of donation** _____
Date Receipt/Thank You Mailed _____

Donor Name _____ **Contact Person** _____
Address _____ **City** _____ **State** _____ **Zip** _____
Phone _____ **Item/Amount Donated** _____ **Date of donation** _____
Date Receipt/Thank You Mailed _____

Donor Name _____ **Contact Person** _____
Address _____ **City** _____ **State** _____ **Zip** _____
Phone _____ **Item/Amount Donated** _____ **Date of donation** _____
Date Receipt/Thank You Mailed _____

(If more room is needed attach a sheet of paper with information)

Forward completed form to Communications Office.