DELTA COLLEGE EMPLOYEE REQUEST TO FUNDRAISE

Date submitted	Office Phone	Office Number
Submitted by (name and signature)		
Proceeds of this event are intended to A Delta College program/project An external non-profit organization		college student group/club nefit Delta College
Name of department, division, organization or athletic sport planning the event or fundraiser:		
What is the funding needed for, what external funding can't be located?	expenses will be incurred a	nd what department is responsible for paying them if
Who will be involved in this event or fundraiser (community, faculty, employees, students, faculty, etc.)?		
Event Date and Time: (Beginning)		/ (Ending)
		☐ Internal (On campus project)
On-campus Location Desired		Number Tables / Chairs
Has this type of fundraiser or event been held in the past? If yes, how much was raised (net)?		
What type of advertising is planned for this event or fundraiser?		
Other comments:		
I have reviewed and approve the project being proposed:		
1. Division Chair / Department Ho	ead Signature	
2. Dean or Vice President Signature		
Faculty/staff Gro	•	College Foundation Office, #B-156 ubmit to the Student Development Center)
OPTIONAL: List of Donors you want to contact. Write on the back of this page		pelow the specific names of business proposed for e if needed for space.)
3. Foundation Executive Director Sig	gnature reded only if seeking externo	al private funding)
4. President's Signature		

It is the policy of Delta College not to discriminate on the basis of race, color, religion, sex, age, national origin or handicap in its educational programs, activities or employment.