

Fundraising Proposal and Authorization Form

Date of Request: _____

Department: _____

Requestor*: _____
(please print)

Date(s) of fund-raising activity:

_____ (begin date) _____ (end date)

Trinity University account name _____ and #: _____ will be used for deposit of funds.

Type of fundraising activity (check all that apply)

Mailing Auction (silent or live) Telephone E-mail Event Other

If you chose "other", please comment: _____

Who are you soliciting? (check all that apply)

Parents Students Alumni Businesses Other

If you chose "other", please comment: _____

Please provide a list.

Payment type accepted (check all that apply)

Cash Check Credit Cards

Accepted credit cards (check all that apply)

MasterCard VISA American Express Discover

Money collected from fundraising activity will be used for:

- Requestor Signature: _____ /Date: _____
- Department Director/Chair: _____ /Date: _____
- Department VP: _____ /Date: _____
- VP for University Advancement: _____ /Date: _____
- VP for Fiscal Affairs: _____ /Date: _____

***Note:** Requestor is the person responsible for the entire fundraising event. Ensuring the compliance with the established policy and procedure outlined in the [Faculty and Contract Staff Handbook – 1C, Section IV.A](#).