

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 #: _____ used for deposit of funds. **Note: If more than one account is used, please specify in section D.**

A. Type of fundraising activity (check all that apply)

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

If you chose "other", please comment: _____

B. Who are you soliciting? (check all that apply)

Parents Students Alumni Businesses Other

If you chose "other", please comment: _____
Please provide a list.

C. Payment type accepted (check all that apply)

Cash Check Credit Cards

***Note:** If you plan on accepting credit cards, this form must be submitted to the Business Office at least 3 weeks in advance of the event. **Wireless terminals** to handle your credit card transactions are available for check-out at the Tiger Card Office. Availability is **ONLY** for organizations that bank on campus.

Accepted credit cards (check all that apply)

MasterCard VISA American Express Discover

D. Money collected from fundraising activity will be used for:

1. Requestor Signature: _____ /Date: _____
2. Department Director/Chair: _____ /Date: _____
3. Business Office/B. Melton _____ /Date: _____
4. Department VP: _____ /Date: _____
5. VP for Advancement: _____ /Date: _____
6. 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](#).