



FUNDRAISING FORM

Must be submitted 4 weeks prior to desired start date
2023-2024

- Student Organization**
- Program Council (MD, GEBS, PA, MPH)**

Date of request: _____

Desired time of fundraiser: _____ to _____

Organization Name: _____

Name of Fundraiser: _____

Organization President: _____ Email: _____

Organization Secretary (or Treasurer): _____ Email: _____

Purpose of fundraiser: _____

Materials to be sold: _____

Please include photos of items to be sold (unless food item)

Are you working with another organization: **Yes / No**

If yes, please list them here: _____

APPROVAL REQUIRED -- FOR OFFICE USE ONLY

Organization:

Program:

Approval: _____
MD Council Date

Approval: _____
Program Council Date

Approval: _____
SGA President Date

Approval: _____
OSA Program Manager Date

MARCOM Approval required: Yes / No

Approved by: _____ Date: _____

Interest Group/Organization requests: File with MD Council Leaders (MarPowell@msm.edu & Nude@msm.edu)
Program/Class Council requests: File with Program Council leadership (GEBS: cnwadike@msm.edu, MPH: jospowell@msm.edu, PA: dveal@msm.edu)