Defiance College Fundraising Project Request Form

(Faculty, Staff, Athletics, Student Organizations)

Name			Department	
Phone	E-mail			
Activity				
,	1 -			
Start Date	En	d Date		
Item(s)				
Ciamatura of representative on Dr	asidomėja Cabinaė		¢Amount/Co	-l
Signature of representative on Pr	esident's Cabinet		\$Amount/Go	dI
Obtained From (name/date)				
Duran da hava së t				
Proceeds benefit				

Describe how you will proceed with your fund raising endeavor.

your fundraising activity pl sheet.	ease provide all contact	names and business	names on a separate
Signature	Da	te	
**************************************		******	*******
pproved by: Name	Title		Date
Required Changes			
Required Changes Applicant Signature		Date	
· · · ·		Date	