

## SFC Fund Raising Form

This form must be filled out completely and submitted to SFC at least 2 weeks prior to the initial start of the fund-raiser.

Organization Name: \_\_\_\_\_ Starting Date: \_\_\_\_\_

Office Address: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Adviser's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason For Fundraiser: \_\_\_\_\_

\_\_\_\_\_

Do you want to do this annually: \_\_\_\_\_

What is to be sold or offered during the fundraiser: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where is the up-front money coming and specify amount: \_\_\_\_\_

\_\_\_\_\_

Total anticipated revenue: \_\_\_\_\_

\_\_\_\_\_

How are the revenues to be used (itemize) specify amount: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is to be done with the funds if not enough revenue is raised: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SFC Fund Raising Form (Page 2)

How will losses be covered if incurred: \_\_\_\_\_  
\_\_\_\_\_

Indicate how current SFC funding cannot cover costs: \_\_\_\_\_  
\_\_\_\_\_

How will this benefit the students: \_\_\_\_\_  
\_\_\_\_\_

Other comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All money raised by a fundraiser must be deposited in an agency account. All excess revenue will be deposited in the SFC Revenue Account. An accounting report must be submitted to SFC within 10 days after the fundraiser.

**Date follow-up accounting report due to SFC:**

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date

<b>SFC Use Only</b>	
Date Received:	
Action Taken:	