

**For office use only**



Received by: \_\_\_\_\_

Date: \_\_\_\_\_

External Fundraiser: YES\*      NO

\* College President and Fiscal Administrator required signatures are required.

**Fundraising/Donations Application**  
(Please allow **15** working days for approval)

Today's Date: \_\_\_\_\_ Club Name: \_\_\_\_\_

Treasurer Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1) Is this a donation or a fundraiser? Donation: \_\_\_\_\_ Fundraiser: \_\_\_\_\_  
\*\*If Donation is selected, skip to number 4.

2) Date(s) of fundraiser: \_\_\_\_\_

3) Time/s: \_\_\_\_\_

4) Did your club approve this fundraiser or donation with a majority vote? Yes\_\_\_\_ No\_\_\_\_

5) Will a Facilities Request be submitted with this form? Yes\_\_\_\_ No \_\_\_\_\_

6) What is the purpose of your fundraiser and how will it benefit students? (attach additional sheets if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7) Is your club selling items or are you asking for donations (this includes money or goods from businesses or organizations)? \_\_\_\_\_

8) What are you selling and at what price (be specific)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9) What type of donations are you requesting from the above-mentioned businesses?

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10) What safeguards will your club utilize for all cash collections & checks? Be detailed.

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11) How will funds raised be distributed or used (be specific)?

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**\*\*\*Please attach a copy of the COMPLETE meeting minutes signed by your *club president and club advisor*. Minutes must state the motion and vote count.**

**Important Reminders (READ before signing):**

- Funds raised must be deposited with the Business Office no later than the next working day. Copy of deposit slip must be submitted to ASU Treasurer.
- If tickets or items are sold for five dollars (\$5) or more, numbered receipts must be issued and delivered to the Chief Business Officer or designee.
- Valid itemized receipts along with purchase requests forms must be presented on order to receive reimbursement for personal funds utilized in fundraising activities.

\_\_\_\_\_  
Club Treasurer Name

\_\_\_\_\_  
Treasurer Signature

\_\_\_\_\_  
Treasurer SID#

\_\_\_\_\_  
Faculty Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean of Student Life/Date

\_\_\_\_\_  
VP Student Services /Date

\_\_\_\_\_  
College President/Date

\_\_\_\_\_  
College Fiscal Administrator/Date

Check off list for Student Life Staff:

- COMPLETE Minutes with Advisor and Club President Signatures.
- Food Handler's certificate on file (if applicable)

Form Logged Date: \_\_\_\_\_