

Trine Fundraiser Approval Form

Name of Organization:	_____
Name of Fundraiser:	_____
Event Date/Collection Date(s):	_____
Organization/Philantropy the Funds Are Benefitting:	_____
Contact Information:	
Name:	_____
Phone:	_____
Email:	_____
Estimated Cost for Organization/Team:	_____
Estimated Funds to be Raised:	_____

Location on Campus for Fundraising:	_____
If location includes tabling outside of Whitney Commons:	
Requested Dates for tabling:	_____
Requested Time for tabling:	LUNCH <input type="checkbox"/> DINNER <input type="checkbox"/>

Are you interested in borrowing a mobile credit card reader for your event?	_____
Reasoning for use of card reader:	_____
Dates for reader use:	_____

Description of Fundraiser:

*Groups must have a copy of the their approved fundraiser form at event to be shown upon request
 * Please attach a copy of the design for any content wished to be displayed on Whitney Commons windows, if applicable

Requester Signature	Printed Name	Date
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For the Office of Student Services Use Only		
Approval Status:	(Circle One) Approved Not Approved	
Approver Signature:	_____	Date: _____

Section on back to be completed by the Business Office

For the Business Office Use Only

Were checks requested for this organization/philanthropy?

 Yes

 No

Check Amount: _____

Made Out To: _____

Date: _____

Please return this form to the Office of Student Services once it is completed.

**Student Organization Fundraising Deposit Form
Trine University**

Date: _____

Organization: _____

Deposit Amount: _____

Student Signature: _____

For the Business Office Use Only

Deposit Amount: _____

Date Deposited: _____

Business Office Signature: _____

