



STUDENT ORGANIZATION FUNDRAISER FORM

Organization: _____

Program (Fundraiser) Title: _____

Date and Location of Program: _____

Program Coordinator: _____ Phone: _____

Is this program co-sponsored: Yes _____ No _____ (if yes, complete information below)

Name of co-sponsoring organization: _____

Contact person and phone: _____

Admission/Cost: A.U.I.D. \$ _____ Guest \$ _____

Are funds collected to be donated to charity: yes _____ no _____

(If yes, complete information below)

Name of Charity: _____

Address: _____

Phone: _____

Contact Person: _____