



ON-CAMPUS FUNDRAISING DRIVE FORM / ON-CAMPUS SOLICITATION FORM

Student clubs/organizations planning a fundraising drive, soliciting tickets for a University-sponsored event, or selling clothing or other items must complete this form. The following guidelines must be followed by Regis University student organizations in possession of funds collected from the University Community.

- This form must be completed in advance of a fundraising drive, ticket sales, t-shirt sales, or other events at which funds are collected by student organizations.
- This form must be submitted to a professional staff member of the Office of Student Activities at least five (5) business days prior to the date the fundraising drive or solicitation period is to begin.
- Completion of this form does not necessarily indicate permission to proceed with the fundraising drive or solicitation period. Fundraising and/or solicitation may only begin after this form is approved (with signature) by the Dean of Students.
- University rules prohibit door-to-door solicitation (fundraiser or otherwise) in the University Residence Halls.
- The collection of funds is limited to two business days following the date (indicated below) on which the solicitation of funds is to begin.
- Funds collected must be deposited in the Student Activities safe by 5pm of each business day money is collected.

Internal Information

Sponsoring Campus Organization: _____

Individual(s) Responsible for Funds: _____

Name

Contact Number

Name

Contact Number

Purpose of Collection (check all that apply)

_____ Fundraiser

_____ Event Support (ticket sales)

_____ T-Shirt/Clothing Sales

**subject to 7.6% sales tax

Method of Transaction (check all that apply)

_____ Cash Donations

_____ Ticket Sales

_____ Gate Receipts

_____ Sales Items

Fundraising Drive Information

Date Drive is to **Begin**: _____

Date Drive is to End: _____

How does this activity fit into the mission of your organization? _____

Benefiting Group/Organization Information

*** All fields must be completed for a fundraising drive to be approved ***

Organization Name: _____

Contact Name: _____

Phone Number: _____

Confirmed by Student Activities Professional Staff (initials) _____

Date _____

Organization Address: _____

Organization's need being met by this fundraising drive: _____

Date check must be cut to organization: _____

Date	Amount Collected	Name of Depositor	Student Activities Initials

Amount Deposited with University Cashier's Office: _____ Date: _____

Date Check Request for Donation submitted to Accounts Payable: _____ Initials: _____