

**Defiance College**  
**FUND RAISING APPROVAL APPLICATION**  
(Faculty, Staff, Athletics, Student Organizations)

Name:  Department:

Phone:  E-mail:  Fax:

Activity:

Start Date:  End Date:

Item(s):

\$ Amount/Goal:  Cabinet Level Approval  
Obtained From (name/date):

Proceeds benefit:

Describe how you will proceed with your fund raising endeavor:

List who will be approached. (Individuals, businesses, parents, etc.)

(List in Excel format is acceptable and appreciated. Please forward hard copy with application and electronic file via e-mail.)

Signature:  Date:

Institutional Advancement Department Approval

Name

Title

Date

Approved by:

Required Changes: