NORTHERN OKLAHOMA COLLEGE
INSTITUTIONAL FUNDRAISING ACTIVITY REQUEST FORM

NAME OF DEPT. / ORG. / CLUB: _____

FUNDRAISING COORDINATOR
EMPLOYEE RESPONSIBLE: _____

PHONE: _____ EMAIL: _____ FAX: _____

STUDENT / ORGANIZATION / REPRESENTATIVE: _____

PHONE: _____ EMAIL: _____

FUND GOAL AMOUNT: _____

INTENDED USE OF FUNDS RAISED: _____

_____

_____

DESCRIPTION OF FUNDRAISING ACTIVITY (ATTACH ADDITIONAL INFORMATION IF NEEDED):_____

_____

LOCATION: _____

PROPOSED TIME: _____ DATE: _____

FUNDRAISING HISTORY: (LIST ANY CURRENT OR PAST MAJOR SPONSORS AND CONTRIBUTORS TO YOUR PROGRAM.)

_____

_____

_____

I HEREBY ASSURE COMPLIANCE WITH STATE REGULATIONS AND THE NORTHERN OKLAHOMA COLLEGE FUNDRAISING GUIDELINES. I UNDERSTAND, AS FUNDRAISER COORDINATOR, THAT I AM RESPONSIBLE FOR FACILITY, INFORMATION TECHNOLOGY, MAINTENANCE REQUESTS, ETC. FOR THE PROPOSED FUNDRAISER.

_____ _____
FUNDRAISING COORDINATOR DATE

INSTITUTIONAL APPROVALS:

_____ _____
DEPARTMENT CHAIR / PROGRAM DIRECTOR / ATHLETIC DIRECTOR / VICE PRESIDENT DATE

☐ APPROVED ☐ NOT APPROVED ☐ NOC DEPT FUND ☐ NOCF FUND

ACCT_____ ACCT_____

_____ _____
VICE PRESIDENT FOR DEVELOPMENT AND COMMUNITY RELATIONS DATE