

Fundraising Interest Form

Name of Department/Organization fundraising: Click or tap here to enter text.

Intended use of the funds raised: Click or tap here to enter text.

Period of fundraising activity: Begins - Click or tap to enter a date. Ends - Click or tap to enter a date.

Type of fundraising activity: Click or tap here to enter text.

How will funds be collected: (choose all that apply) ☐ Cash ☐ Check ☐ Credit Card ☐ In-Kind

If funds are collected by credit card, how will this occur: Click or tap here to enter text.

Audience you wish to solicit: ☐ Internal (GRCC employees) ☐ External* ☐ Both

**List of all external donors must be attached for review.*

Projected amount to be raised: Click or tap here to enter text.

Signatures

Requestor Signature:

_____	_____	_____
Print Name	Signature	Date

Supervisor Signature:

_____	_____	_____
Print Name	Signature	Date

Foundation Office Use Only:

Executive Director, GRCC Foundation: ☐ Approved ☐ Denied

_____	_____	_____
Print Name	Signature	Date

Submit form to the GRCC Foundation at foundation@grcc.edu.