Penn State Mont Alto
FUND RAISING ACTIVITY
APPROVAL FORM

Name of Organization: ___________________________________________

Name of Proposed Activity: _____________________________________

Starting Date of Activity: __________________*Ending Date of Activity _______________
* (ending date cannot be more than 30 days after the starting date) *

Are you raising these funds to donate them to a charitable cause? Yes____ No____

Description of activity (what is being sold, how much you will charge, who will be solicited, how accountability of funds will be maintained, the purpose for which the money will be utilized, the location of the fundraiser, etc. For clothing sales, please attach a copy of the design.)

CONTACT INFORMATION:
Name of student in charge of fundraiser (please print): ____________________________

Phone #: __________________________ e-mail address: _____________________________

STEP 1 ~ Obtain these Signatures: Step 3 ~ Submit to Director of Student Affairs
Club President __________________________
Club Treasurer __________________________
Club Advisor ____________________________

STEP 2 ~ If the fundraising activity involves ANY kind of food or beverage, obtain this signature:

__________________________
Elizabeth Kearns, Director of Housing & Food Services

Andrea Christopher, Director of Student Affairs