

## Office of Institutional Advancement Form A: Request to Conduct Fundraising Activity

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PROPOSED EVENT ORGANIZER(S) INFORMATION:				
Name of organization or individual(s) planning the event(s):				
Contact person:				
Telephone:				
E-mail:				
Is this event open to the public?   Yes   No				
How many people do you expect to attend?				
PROPOSED EVENT INFORMATION:				
Name of proposed event:				
Date(s) and time(s) of event:				
Annual or Periodic Activity:				
Location of event (please specify an address):				
Description of event and please include how funds will be raised:				
What specific area at Virginia State University will benefit from this event?				
PROPOSED EVENT PROMOTIONAL INFORMATION:				
How will the event be publicized? (Press Releases, Mailings/emails, Facebook, Twitter, Fliers, etc.):				
Will you need assistance with the following?  VSU Logos/graphics □ Yes □ No Speakers/Representative □ Yes □ No				

If you answered yes to logos/graphics, please check the box below to indicate that you understand the Office of Institutional Advancement must see

and approve all materials (hard copy or electronic) prior to being released, printed or distributed.  $\Box$  Yes, I agree



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PROPOSED EVENT BUT	OGET AND PROCEEDS:		
Projected Attendee fee:			
Projected Sponsorships:			
Projected Other Revenue:			
Projected Total Revenue:			
Projected Expenses:			
Projected Net Proceeds:			
Revenue Collection Methods:			
Planned Use of Net Proceeds:			
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Please note: Proceeds must	be remitted to the Office of Instituti	ional Advancement one day after re	ceipt.
I agree that the information prolicies and Procedures.	provided in this document is accurate	e, and further agree to adhere to VSL	J's Administrative
Signature of Event Organizer:		Date:	
•	raising funds to benefit Virginia State	•	
	eptance of your request. Please be aw ***********		
(To be completed by the Office of	of the Institutional Advancement)		
Date Received:			
Reviewer Signature:			
Approval Signature:			
Date Approved:			
Approver Notes:			