**Request to Fundraise**  
Mercer, Atlanta

Today’s date: _____________

<table>
<thead>
<tr>
<th>Date Fundraising begins:</th>
<th>Date Fundraising Ends:</th>
</tr>
</thead>
<tbody>
<tr>
<td>_______________________</td>
<td>_______________________</td>
</tr>
</tbody>
</table>

Approved: (Approval will be given to contact person within 7 business days)

<table>
<thead>
<tr>
<th>Date</th>
<th>Signature of University Official</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Person making Request: ________________________________________________________________

Organization, college, or school requesting permission to fundraise: _______________________

_____________________________________________________________________________________

Description of fundraiser: ______________________________________________________________

_____________________________________________________________________________________

How will fundraiser be advertised? _______________________________________________________

_____________________________________________________________________________________

Where will fundraiser take place? _______________________________________________________

How will receipts be collected and profits utilized? _________________________________________

_____________________________________________________________________________________

If a product is involved, what is the product and where will it be purchased? _________________

_____________________________________________________________________________________

Contact Person: _______________________________________________________________________

Phone #: ___________________ Email: _______________________________________________________

Please return all completed forms to **Student Life office** located in 208 Sheffield Center

Has your academic department approved this fundraiser?

______ Yes   ______ No