



Fundraising Activity Awareness Form

PLEASE SUBMIT COMPLETED FORM TO:

Please call x3624 if you have any questions.

Jean C. Poth
 Vice President for Institutional Advancement
 Executive Director, NECC Foundation, Inc.
 Office of Institutional Advancement Room A317

CONTACT INFORMATION:	
Date Submitted: <input style="width: 100%;" type="text"/>	Beginning & End Date of Fundraiser: <input style="width: 100%;" type="text"/>
Name of Department/Organization:	<input style="width: 100%;" type="text"/>
Name of Person Organizing Fundraising Activity:	<input style="width: 100%;" type="text"/>
E-Mail Address and Phone#:	<input style="width: 100%;" type="text"/>

FUNDRAISER INFORMATION:
Please list the anticipated income, gross and net income and cost of fundraiser:
<input style="width: 100%; height: 100%;" type="text"/>

SUGGESTED PLAN FOR RAISING MONEY:
Summarize and list any other pertinent information. Attach supported documents if necessary.
<input style="width: 100%; height: 100%;" type="text"/>
FUNDRAISING ACTIVITIES INCLUDE: SOLICITATIONS, DONATIONS, GRANTS & EVENTS

PLEASE SIGN FORM & HAVE APPROVED BY YOUR SUPERVISOR PRIOR TO SUBMITTING.

<input style="width: 100%; height: 100%;" type="text"/>
<div style="width: 45%; border-right: 1px solid black; padding-right: 5px;">Applicant</div> <div style="width: 45%; padding-left: 5px;">Dean/Supervisor</div>

PLEASE ADVISE FUNDRAISING ACTIVITY AS SOON AS POSSIBLE!