



Northern Essex Community College Fundraising Activity Awareness Form

PLEASE SUBMIT COMPLETED FORM TO:

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

Please call x3624 if you have any questions.

CONTACT INFORMATION:	
Date Submitted:	Beginning & End Date of Fundraiser:
Name of Department/Organization:	
Name of Person Organizing Fundraising Activity:	
E-Mail Address and Phone#:	

DESCRIPTION OF FUNDRAISING PLAN:
Please list the anticipated income, gross and net income and cost of fundraiser:

SUGGESTED PLAN FOR RAISING MONEY:
Summarize and list any other pertinent information. Attach supported documents if necessary.
Will a mailing be involved: Yes____No____ If yes, who will receive it? _____.
FUNDRAISING ACTIVITIES INCLUDE: SOLICITATIONS, DONATIONS, GRANTS & EVENTS

PLEASE SIGN FORM & HAVE APPROVED BY YOUR SUPERVISOR PRIOR TO SUBMITTING.	
Applicant	Dean/Supervisor

PLEASE ADVISE FUNDRAISING ACTIVITY AS SOON AS POSSIBLE!