

POST PRIVATE ORGANIZATION FUNDRAISING REQUEST FORM

Fundraiser Type (circle one): A B C D1 D2 D3 D4 E

Organization/Club/Department Name: _____

POC: _____

Phone number: _____

E-mail: _____

Fundraiser Name: _____

Event Details (please be specific): _____

Expected Number of Participants: _____

Admission/ Registration Fee: _____

Fundraiser Beneficiary: _____

Donation Type: (Please be specific: food, clothing, money, other): _____

Requested Location: _____

Dates/Times: _____

FOR MORE INFORMATION CALL 845-938-8455