

FUNDRAISING MATCH REQUEST



GENERAL INFORMATION

Requestor Name: _____

Organization/Club: _____

| | | |
|--------------|-------|-------------------|
| Event Title: | Date: | Amount Requested: |
|--------------|-------|-------------------|

Description of Fundraising Event:

Center for Student Life and Leadership Development USE ONLY

| | | |
|--|-----|----|
| Fundraising activity received prior approval from the Student Life and Leadership Manager? | YES | NO |
| Student Organization/Club Deposit form attached? | YES | NO |
| Request approved by ASCC? | YES | NO |
| Amount approved | \$ | |
| Vote: | YES | NO |
| ABSENTIONS | | |

Student Life and Leadership Manager Signature _____ Date: _____

ASCC Treasurer Signature _____ Date: _____

Club/Organization Advisor Signature _____ Date: _____

Please attach a copy of the completed **Student Organization/Club Deposit Form** to the request. Request submitted without proof of deposit (i.e. the Student Organization/Club Deposit form) **will not** be considered until the requested information has been received by the Center for Student Life and Leadership Development.