

## Fundraising Request for Approval Form

Today's Date: \_\_\_\_\_

### Organizer Contact Information:

Name: \_\_\_\_\_

Primary Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a Western staff or faculty member? Yes No

If yes, please provide: Username: \_\_\_\_\_ Extension: \_\_\_\_\_

### Group You Represent:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Is this a USC or SOGS affiliated Student Group? Yes No

If not USC or SOGS affiliated, is this a Student Group associated with Western? Yes No

If yes, is the student group associated to a Faculty? Yes No Faculty: \_\_\_\_\_

Is this a Western Athletics Varsity Team? Yes No Varsity Team: \_\_\_\_\_

Is this a Western Recreation Club? Yes No Club Name: \_\_\_\_\_

Are you requesting additional support from Western Advancement for consideration? Yes No

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

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*Note: Additional support will only be considered if the funds being solicited benefit the University, raise funds for priority projects, and have substantial return on investment.*

### Fundraising Details:

Name of Fundraising Activity: \_\_\_\_\_

Date or Date Range of Activity: \_\_\_\_\_ Time: \_\_\_\_\_

Location/Venue: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Fundraising Activity Details Continued:

<p>Describe your group or organization (i.e., mission, number of members, how long you've been active, etc.).</p>	
<p>Who will benefit from the fundraising (i.e., the University or another Charity or Non-Profit Organization)?</p>	

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<p>Describe the type of Fundraising you propose to do?</p>	
<p>Expected number of participants?</p>	
<p>Describe how revenue will be generated (i.e., sponsorship, ticket sales, product sales, auction, etc.). Please provide links to websites or event pages.</p> <p>Note: <a href="#">MAPP 1.12 Advertising and Commercial Activity</a> governs the acceptance of corporate sponsorships.</p>	
<p>Does your activity require you to obtain any licenses or permits (i.e., liquor license, event permit, insurance, etc.)?</p> <p>If yes, provide a list of all licenses or permits and a brief description of their purpose.</p> <p>Note: The University will not use its charitable number or status for applications for charitable gaming licenses.</p>	

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<p>What is your marketing/promotions plan for this activity (i.e., social media, email, radio, TV, word of mouth, posters, flyers, consumer marketing, advertising, etc.)?</p> <p>Please provide samples if applicable.</p>	
<p>How will the University's name and/or logo be used (if applicable)? Provide details regarding where the University's name and/or logo will appear in print or digital materials.</p> <p>Note: Western's name and/or logo may not be used in public releases until the copy has been approved by Western.</p> <p>Note: <a href="#">MAPP 1.15 Corporate Use of University Name and Trademarks</a> and <a href="#">MAPP 1.50 Signage and Election Posters</a>.</p>	
<p>What are the net proceeds expected from this Fundraising activity?</p>	
<p>What are your projected expenses? Attach budget.</p>	
<p>How will the event proceeds, registration fees, gifts or sponsorships be remitted to Western (i.e., credit card, cheque payable to Western, wire transfer, etc.)?</p> <p>Note: <a href="#">MAPP 2.1 Gift Acceptance</a> governs whether Tax Receipts can be issued.</p>	

## Fundraising Request for Approval Form

I hereby certify that the information on this form is true and acknowledge that I have read and agree to the terms outlined in MAPP 2.2 Fundraising.

Furthermore, I declare that I am an authorized representative of \_\_\_\_\_ (group name).

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Approved by Dean/Department Chair/Director (the recipient of the fundraising proceeds):

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Approved by Vice-President (Western Advancement) or designate:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### FOR OFFICE USE ONLY:

Does Western Communications need to be consulted? Yes      No

Fundraising Activity Approved: Yes      No

If No, Reason Why: \_\_\_\_\_

Decision Date: \_\_\_\_\_

Decision By: \_\_\_\_\_

Level of Western Advancement Support Approved: \_\_\_\_\_

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