PANOLA COLLEGE
Fundraising Authorization

Name of Department/Organization Fundraising: _____

Fundraising Purpose: _____

_____

Period of Fundraising Activity: Begins: _____ Ends: _____ Other: _____

Type of Fundraising Activity: _____

_____

Statement As To The College's Need For The Item: _____

_____

Solicitation Type	List of all external donors must be attached for approval from the Office of Institutional Advancement	**Projected Amount To Be Raised**
☐Internal ☐External ☐Both		$_____

Fundraising Request For Approval

Print Name of Fundraiser		**Signature of Fundraiser**	**Date**
Approved	**Disapproved**	**Sponsor**	**Date**
Approved	**Disapproved**	**Vice President**	**Date**
Approved	**Disapproved**	**Director of Institutional Advancement**	**Date**
Approved	**Disapproved**	**President** (if seeking donations over $2,500)	**Date**

updated 09/02/15