OFF CAMPUS FUNDRAISING SOLICITATION REQUEST FORM

Submit form to the Student Involvement front desk on the 4th floor of the LBJ Student Center 4-2.1 or fax it to 512-245-8245. Forms are due at least ten (10) business days before the requested solicitation date (weekends/university closures due to holidays excluded). All forms, policies, and procedures are subject to change and found at http://getinvolved.lbjsc.txstate.edu/Policy-and-Procedures/Solicitation.html.

Organization/Department: ________________________________
Abbreviation: ________________________________
Event Title: ________________________________
Location: ________________________________
Date of Event: ________________________________
Start and End Time: ________________________________
Detailed description of event (e.g. fundraising event, golf outing, restaurant profit-shares) ________________________________

A donation request letter must be attached to this form when submitted.

Solicitation dates:
Begin Date: ____________ End Date: ____________

Type of request (check all that apply):
_____ Monetary
_____ Food
_____ Supplies
_____ Other (specify): ________________________________

Funds will be solicited by (check all that apply):
_____ Person to Person
_____ Email
_____ Mail
_____ Telephone
_____ Other (specify): ________________________________

Approximate size of donations being requested: $__________ Approximate total amount to be raised: $__________

Area to be solicited (attach a list of vendors, organizations, individuals, etc. that are being solicited):
_____ San Marcos only
_____ San Marcos and surrounding areas (specify): ________________________________
_____ Other (specify): ________________________________

Organization President (print): ________________________________ Phone: ____________ Date: ____________
Signature: ________________________________ TXST Email: ________________________________

Coordinating Organization Member (print): ________________________________ Phone: ____________ Date: ____________
Signature: ________________________________ TXST Email: ________________________________

Advisor or Department Representative (print): ________________________________ Phone: ____________ Date: ____________
Signature: ________________________________ TXST Email: ________________________________

This certifies that the bearer has the approval of Texas State University to solicit funds supporting gifts for the activity described above. This permit carries the endorsement of Texas State University only during the designated dates. Texas State University can accept no responsibility in case of fraud or misrepresentation.

Associate Director Approval: ________________________________ Date: ____________

Vice President for University Advancement Approval: ________________________________ Date: ____________

Student Involvement @ LBJSC
(formerly Campus Activities and Student Organizations)
LBJSC 4-2.1
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getinvolved@txstate.edu
getinvolved.lbjsc.txstate.edu