

Odessa College RSO Fundraising Request Form

Minimum 4 weeks before event date- Foundations Office (foundation@odessa.edu)

Minimum 2 weeks before event date- Student Life Office

(Studentactivities@odessa.edu)

When submitting this form, make sure you also submit an Event Approval Form for any associated events and email drafts of any publicity associated with the fundraiser to studentactivities@odessa.edu.

ALL FUNDRAISING REQUEST MUST BE MADE BY THE RSO ADVISOR.

Organization & Contact Information

Organization/Department Name: _____

Advisor Name: _____

Advisor Email: _____

Advisor Phone Number: _____

Fundraising Details

Fundraiser Title/Name: _____

Date(s) of Fundraiser: _____

Start Time: _____ **End Time:** _____

Location (if applicable): _____

Fundraising Method:

- ☐ Event
- ☐ Product/Merchandise Sale
- ☐ Donation/Solicitation
- ☐ Restaurant Partnership (e.g., Spirit Night)
- ☐ Sponsorship

☐ Other (please specify)

Describe Your Fundraiser (brief overview):

Fundraising Goal (\$): _____

What will the funds be used for?

Communication & Outreach Plan

Target Audience (e.g., students, community, alumni):

Promotion Methods (check all that apply):

- ☐ Flyers/Posters
- ☐ Email
- ☐ social media
- ☐ Tabling
- ☐ Word of Mouth
- ☐ Other (specify)

Message or Theme:

Will any local businesses be contacted for donations/sponsorships?

☐ Yes* ☐ No

***If yes, please list business names and planned outreach method:**

Frequency & Confirmation

How many fundraisers has this organization conducted this semester?

☐ 0 ☐ 1

Required Acknowledgments

Please initial to agree to the following:

- _____ I understand that this request must be submitted at least one month before the fundraiser date.
- _____ I understand that no more than two fundraisers per semester are allowed per organization.
- _____ I agree not to approach any businesses or community sponsors without prior approval from Institutional Advancement.
- _____ I understand that this fundraiser is not approved until confirmation is received from both the Foundation Office and the Office of Student Life.

Signatures

Student Representative Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Foundation Office Use Only

☐ Approved ☐ Denied ☐ Edits Required

Reviewed by: _____ Date: _____

Notes:

Student Life Office Use Only

☐ Approved ☐ Denied ☐ Edits Required

Reviewed by: _____ Date: _____

Notes: _____