

## **CMC Club Fundraising Activity Request**

Anyone (administrator, supervisor, faculty, staff member, or student) who seeks to establish any type of fundraising activity in the name of Copper Mountain College from individuals, businesses, industry, foundations, community organizations, or others will follow the guidelines as set forth in "Constituency Fundraising at CMC".

(Please Print) Applicant	Date
Phone number, email	
Name of Club, Department, or Grou	p
Type of fundraising activity	
Dates of planned solicitation	
<ol> <li>List the name(s) of Individuals, Busines names)</li> <li>Description of solicitation. (Attach Supp</li> </ol>	sses or Organizations being solicited. (Use the back for additional portive documents)
Name	Description of Item or Amount(s) of Solicitation
1	
2	
3	
5	
6	
7	
8	
9	
10	
Supervisor Signature	Date of approval
ASCMC AdvisorSignature	Date of approval
Please transmit completed	form to: CMC Foundation, Attn: Executive Director
Executive Director	Date of Receipt
	Date of Approval