

# University Advancement Fund-Raising Request East Tennessee State University

All fund raising events and solicitation of private gifts must be approved prior to the event. Supporting materials must be attached. Please attach a brief narrative describing your fund-raising plan and justification for the campaign.

Person Requesting Approval \_\_\_\_\_ Dept/College/Organization and Box # \_\_\_\_\_ Phone \_\_\_\_\_

NAME of project: \_\_\_\_\_ AMOUNT to be raised: \$ \_\_\_\_\_

FUNDS will be used for: \_\_\_\_\_

And deposited in current account #: \_\_\_\_\_ New account: \_\_\_\_\_

DATES for campaign/special event: Begin: \_\_\_\_\_ End: \_\_\_\_\_

**PROSPECTS & SOLICITORS**-Please attach specific list of people to be contacted and list of people who will be contacting prospective donors. Do NOT list groups: doctors, teachers, banks, students, faculty, volunteers, etc.

**TYPES OF SOLICITATION:** \_\_\_\_\_ Visits \_\_\_\_\_ Telephone \_\_\_\_\_ Direct Mail \_\_\_\_\_ Event  
(Please attach samples of letters, brochures, etc. The Advancement staff must review all presentation materials.)

**FUND-RAISING COST:** Are funds available to support fund-raising costs?  
\_\_\_\_\_ University Account; \_\_\_\_\_ ETSU Foundation Account; \_\_\_\_\_ Other: \_\_\_\_\_ (attach explanation)

SIGNATURE	APPROVED	DISAPPROVED	DATE
Requestor	_____	_____	_____
Dean/Director	_____	_____	_____
Vice President	_____	_____	_____
Development Officer	_____	_____	_____
Associate Vice President for University Advancement	_____	_____	_____
Vice President for University Advancement	_____	_____	_____
President East Tennessee State University	_____	_____	_____

NOTE: Please forward **signed** form to the Associate Vice President for University  
Advancement, Box 70721, Phone 9-4242