



## FUNDRAISING EVENT REQUEST FORM PRIVATE ORGANIZATIONS

Fundraiser Type (circle one):    A    B    C    D1    D2    D3    D4    E

**Organization/Club/Department Name:** \_\_\_\_\_

**POC:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Fundraiser Name:** \_\_\_\_\_

**Event Details (please be specific):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Expected Number of Participants:** \_\_\_\_\_

**Admission/Registration Fee:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Fundraiser Beneficiary:** \_\_\_\_\_

**Donation Type (Please be specific: food, clothing, money, other):** \_\_\_\_\_

\_\_\_\_\_

**Requested Location:** \_\_\_\_\_

**Dates/Times:** \_\_\_\_\_

**FOR MORE INFORMATION CALL  
DFMWR FINANCIAL MANAGEMENT DIVISION**

**845-938-8455**