



# Crespi Carmelite High School Institutional Advancement Request for Fundraising Activity Notice of Intention

**This form must be filled out and submitted to the Department of Institutional Advancement 15 days prior to Solicitation. No Solicitation is to be started until an Information Card is submitted.**

Date Submitted: \_\_\_/\_\_\_/\_\_\_ Department/Team: \_\_\_\_\_ Moderator/Coach/Teacher: \_\_\_\_\_

Purpose of Activity: \_\_\_\_\_ Date of Event: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

State kind of Appeal, Entertainment, Activity or Sale: \_\_\_\_\_

\_\_\_\_\_

Indicate kind of Donation that will be solicited: \_\_\_\_\_

\_\_\_\_\_

Location of Activity:  Alumni Memorial Gym  Student Commons  Kitchen  Athletic Field/Track  Other: \_\_\_\_\_

State Specific purpose and use to which proceeds will be applied: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Indicate Financial Goal Set: \_\_\_\_\_

Indicate Dates of Solicitation: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Dates Activity will be held: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Inclusive Dates of Solicitation: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Dates Activity will be held: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Indicate who will benefit from this activity: \_\_\_\_\_

Solicitation by: (check all applicable categories)  Box Office sales  Radio/TV  Paid Solicitors  Mail  Volunteer Solicitors  
 Telemarketing  Other (specify) \_\_\_\_\_

Admission by:  Ticket  Invitation  Donation # Printed: \_\_\_\_\_ Numbered: # \_\_\_\_\_ to # \_\_\_\_\_ Price: \$ \_\_\_\_\_

**ITEMIZE ANTICIPATED EXPENDITURES CONNECTED WITH THIS SOLICITATION OR EVENT ON REVERSE SIDE**

**APPROVALS: (ALL SIGNATURES MUST BE OBTAINED AND YOU MUST RECEIVE THE APPROVED COPY BEFORE ANY FUNDRAISING BEGINS)**

DEPARTMENT CHAIR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

VICE PRESIDENT OF INSTITUTIONAL ADVANCEMENT: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

VICE PRINCIPAL OF ATHLETIC/STUDENT/CAMPUS DEVELOPMENT: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

PRINCIPAL: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

DIRECTOR OF FINANCE: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

PRESIDENT: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

**Anticipated Expenditures connected with this Solicitation or Activity**

<b>Printing Costs:</b>	\$ _____		
Stationary:		\$ _____	
Postage:		\$ _____	Total: \$ _____
<b>Telephoning:</b>	\$ _____		Total: \$ _____
<b>Rental:</b>	\$ _____		
<b>Rental or Purchase of Equipment:</b>	\$ _____		Total: \$ _____
<b>Reservation Charges:</b>	\$ _____ (per person)		
<b>Food:</b>	\$ _____ (Luncheon/Dinner, etc.)		Total: \$ _____
<b>Items for resale:</b>			
Food:	\$ _____		
Merchandise:	\$ _____		
Favors:	\$ _____		
Decorations:	\$ _____		Total: \$ _____
<b>Prizes:</b>	\$ _____		Total: \$ _____
<b>Costumes/Uniforms:</b>	\$ _____		Total: \$ _____
<b>Marketing:</b>	\$ _____		
Advertising:	\$ _____		
Publicity:	\$ _____		Total: \$ _____
<b>Permits/License Fees:</b>	\$ _____		Total: \$ _____
<b>Transportation:</b>	\$ _____		Total: \$ _____
<b>Music:</b>	\$ _____		
D.J.:	\$ _____		
Orchestra:	\$ _____		
Band:	\$ _____		Total: \$ _____
<b>Entertainers:</b>	\$ _____		Total: \$ _____
<b>Salaries:</b>	\$ _____		Total: \$ _____
<b>Additional Expenses:</b>	\$ _____		
(List) _____	\$ _____		
_____	\$ _____		
_____	\$ _____		
_____	\$ _____		Total: \$ _____
<b>FINAL TOTAL:</b>			<b>\$ _____</b>