



William Carey University School of Pharmacy

Student Activities Office

Fundraiser Form

- Fill out form completely and return to Office of Student Activities, Student Center room 103.
- Form must be turned in ***two weeks*** prior to event
- If set up is needed fill out Event Disclosure

Start Date of Fundraiser: _____ Organization: _____

Organization's Presidents Name: _____ Phone # _____

Member in Charge of Fundraiser: _____ Phone #: _____

Fundraiser Information:

Type of Fundraiser: T-Shirts / sweatshirts / hoodies Mugs or cups Other _____

Design approved: Yes No Date Approved: _____

Agreement:

I understand that my organization and I are in charge of this fundraiser and will uphold the policies and beliefs of William Carey University.

Signature of Authorized Member Date

Office Use Only

Date Received _____

Approved: YES NO

Attach Picture of the design if applicable