



BASIC INFORMATION

Name

Title

Department

Date form completed

Date(s) of proposed event / activity

Description of proposed event / activity¹

MARKETING PLAN INFORMATION²

Please describe how information about the event / activity will be distributed.

ACCOUNT INFORMATION

Charitable Gifts

Must list Fundraiser Source segment 1181xx—can leave blank if this is a new fundraiser—along with the Foundation Account number that all funds will be deposited into post-event.

Foundation Account Name

Foundation Account Number

Non-charitable Proceeds

Must list Fundraiser Source segment 1181xx—can leave blank if this is a new fundraiser—along with the Foundation Account number that all funds will be deposited into post-event.

Account Name

Account Number

¹ If specific individuals will be invited, please attach the invitee list.

² If there will be any marketing materials created associated with the event / activity, please attach them to this form.



COSTS FOR THE EVENT / ACTIVITY

Please describe how the event / activity will be paid for. Select other to add an additional item.

Per-person cost

Category	Cost	Description
Meals		
Refreshments		
Gifts		
Entrance fees		
Other (describe)		

Advertising / Sponsorship

Will advertising / sponsorship be sought? yes no

If so, please provide details about the nature of each and what will be offered in exchange.
Click here to enter text:

Auction / Raffles

Will there be an auction / raffle? yes no

If so, please describe:

Does any portion of the fee to attend allow participants to be entered into the raffle / door prize drawing? yes no

If so, please explain:



BENEFITS DISCLOSURE

Will participants receive anything in return for a donation (meal, item, etc.)? yes no

If yes, please list the item(s)/benefit(s) and the market (not cost) value for each.

Description	Participant's donation	Market Value (<i>not cost</i>)
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SIGNATURES

Signature of person submitting form

Email / telephone of person submitting form

Signature of budget unit manager (REQUIRED)

Email / telephone of budget unit manager

Return this form to the Office of Annual Giving at giving@ohio.edu. Athens Campus address: McKee House, Ohio University, Athens, Ohio 45701. Campus phone: 740.593.2636.

When/if activity is approved, copies will be sent to the individual completing the form, the appropriate Budget Unit Manager, the Asst. VP of Advancement Services, and The Ohio University Foundation Accounting Office.

Approved by

Date