

# Illinois Wesleyan University Student Senate Fundraising Request

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Date Submitted: \_\_\_/\_\_\_/\_\_\_

Name of Sponsoring Group(s): \_\_\_\_\_

Event Title: \_\_\_\_\_

Event Date: \_\_\_/\_\_\_/\_\_\_      Event Time: \_\_\_\_\_      Event Location: \_\_\_\_\_

Description of Event:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Fundraising method:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Predicted Funds Raised: \_\_\_\_\_

What will the raised funds be used for:  
\_\_\_\_\_  
\_\_\_\_\_

Person Submitting this Form: \_\_\_\_\_

E-mail address: \_\_\_\_\_      Phone Number: \_\_\_\_\_

**Authorized by:**

\_\_\_\_\_

**Student Senate Treasurer**

**Date:** \_\_\_/\_\_\_/\_\_\_

If not authorized, why:  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach any additional relevant information to this form.**

To be considered for approval, this form must be turned into the Treasurer's mailbox at least 3 weeks prior to the event

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