# Basic Information

|  |  |
| --- | --- |
| **Name** | Click here to enter text. |
| **Title** | Click here to enter text. |
| **Department** | Click here to enter text. |
| **Date form completed** | 2/24/2017 |
| **Date(s) of proposed event / activity** | Click here to enter text. |
| **Description of proposed event / activity[[1]](#footnote-1)** | Click here to enter text. |

# Marketing Plan Information[[2]](#footnote-2)

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

Click here to enter text.

# Account Information

## Charitable Gifts

Must list FR account – 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** | Click here to enter text. |
| **Foundation Account Number** | Click here to enter text. |

## Non-charitable Proceeds

Must list FR account – 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** | Click here to enter text. |
| **Account Number** | Click here to enter text. |

# Costs for the Event / Activity

Please describe how the event / activity will be paid for.  
***Click the [+] to the right of the “Other (describe)” row to add an additional item.***

## Per-person cost

|  |  |  |
| --- | --- | --- |
| ***Category*** | ***Cost*** | ***Description*** |
| Meals | $0.00 | Click here to enter text. |
| Refreshments | $0.00 | Click here to enter text. |
| Gifts | $0.00 | Click here to enter text. |
| Entrance fees | $0.00 | Click here to enter text. |
| Other (describe) | $0.00 | Click here to enter text. |

## Advertising / Sponsorship

|  |  |
| --- | --- |
| Will advertising / sponsorship be sought? | Choose an item. |
| 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? | Choose an item. |
| If so, please describe: | Click here to enter text. |
| Does any portion of the fee to attend allow participants to be entered into the raffle / door prize drawing? | Choose an item. |
| If so, please explain: | Click here to enter text. |

# Benefits Disclosure

|  |  |
| --- | --- |
| Will participants receive anything in return for a donation (meal, item, etc.)? | Choose an item. |

*If yes, please list the item(s)/benefit(s) and the market (not cost) value for each.****Click the [+] to the right of the last row to add an additional item.***

|  |  |  |
| --- | --- | --- |
| *Description* | *Participant’s  Donation* | *Market Value (****not*** *cost)* |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

# Signatures

|  |  |
| --- | --- |
|  | Click here to enter text. |
| Signature of person submitting form | Email / telephone of person submitting form |
|  | Click here to enter text. |
| Signature of budget unit manager (**REQUIRED**) | Email / telephone of budget unit manager |

Return this form to: Eleni Zulia, Associate Director, Annual Giving, 305 McGuffey, Ohio University, Athens, Ohio 45701. 740-593-0407. zulia@ohi.edu.

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.

|  |  |
| --- | --- |
|  | Click here to enter text. |
| Approved by | Date |

1. If specific individuals will be invited, please attach the invitee list. [↑](#footnote-ref-1)
2. If there will be any marketing materials created associated with the event / activity, please attach them to this form. [↑](#footnote-ref-2)