



## Fundraising Approval Form

Name of event: \_\_\_\_\_

Club/Organization sponsoring event: \_\_\_\_\_

Proceeds are to be deposited into the \_\_\_\_\_ Fund managed by the *CCCC Foundation*.

Date(s) and Time(s) of event: \_\_\_\_\_

Location of event: \_\_\_\_\_

### Organizer contact information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Event description (please describe in detail):

**What do you plan on selling? Where were these items purchased? Please include vendor contact information.**

\_\_\_\_\_  
Program/Club/Organization Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
VP of Student Learning/VP of Student Services/Campus Provost Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
College President Signature

\_\_\_\_\_  
Date

*Please contact the CCCC Foundation Office with any questions at (919) 718-7230 or [foundation@cccc.edu](mailto:foundation@cccc.edu)*