



Kansas City Kansas
Community College



Fundraising Authorization

Name of Department/Organization fundraising: _____

Intended use of the funds raised:

Period of fundraising activity: Begins: _____ Ends: _____ Other: _____

Type of fundraising activity: _____

How will funds be collected? Cash Check Credit Card
(choose all that apply)

If funds are collected by credit card how will this occur? _____

Will this be a ticketed event? Yes No Will sales tax be collected? Yes No

Solicitation Type:
 Internal
 External
 Both

A list of external donors must
be attached for approval by
the Foundation Office.

Projected Amount To Be
Raised
\$ _____ Internal
\$ _____ External

Print Name _____ Signature _____ Date _____

Approved Disapproved Sponsor _____ Date _____

Approved Disapproved Foundation Director _____ Date _____

Approved Disapproved Executive Vice President _____ Date _____

Approved Disapproved President
(if seeking donations over \$2500) _____ Date _____

Fundraising Follow-up Form

(Submit within 30 days after completion of event/activity)

Name of Department/Organization: _____

Name of Fundraising Activity: _____

Date of Event: _____

Gross Amount Raised: _____ Net Amount Raised: _____

Number of items sold, if applicable (raffle tickets, shirts, bake sale items, etc.): _____

The following items should be attached to this report (if applicable):

- List of all revenues and expenses
- Copies of all receipts and other applicable documents
- List of names of sponsors or in-kind donors who contributed to your activity and what they contributed. *(All amounts received over \$250 must have a copy of the check or receipt along with the donor's contact information)*
- List of award recipients and prizes received

When and how did you thank/recognize your donors?

Did you find this activity to be a success? Why or why not?

Signature of Sponsor

Date