



**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

Return this form and all attachments to the Foundation Director

Revised December 2025