

FUNDRAISING / MEMBERSHIP REQUEST FORM

Description of Activity:

Date of Event____ / ____ / 20____
month date(s)

Event time:

Contact:

Phone:

Department:

Zip Code:

Explain how will the funds be used:

Specify how this activity benefits UNMC
or The Nebraska Medicine:

Names of outside vendors (if applicable)

Date submitted:

SEND TO: Fundraising Request c/o UNMC Business Services, zip 5060

Keith Swarts – kswarts@unmc.edu

____ **REQUEST APPROVED**____ **REQUEST DENIED****explanation:** _____

Signed: _____ Date: _____