

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 Medical Center:

Names of outside vendors (if applicable)

Date submitted:

SEND TO: Fundraising Request c/o UNMC Business and Finance, zip 5070
Deb Thomas – thomasd@unmc.edu

_____ **REQUEST APPROVED**

_____ **REQUEST DENIED**

explanation: _____

Signed: _____ Date: _____