

**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: \_\_\_\_\_