FUNDRAISING / MEMBERSHIP REQUEST FORM	
Description of Activity:	Date of Event/// month date(s) Event time:
Contact:	Phone:
Department:	Zip Code:
Explain how will the funds be used:	
Specify how this activity benefits UNMC or Nebraska Medicine:	
Names of outside vendors (if applicable)	
Date submitted:	
SEND TO: Fundraising Request c/o UNMC Finance and Business Services, zip 5070 Amy Lamer – alamer@unmc.edu	
REQUEST APPROVED REQUEST DENIED explanation:	
Signed:	Date: