



**Community Colleges of Spokane  
Foundation**

**Fundraising Activity Form**

\_\_\_\_\_  
Date of Event

\_\_\_\_\_  
Budget Number

\_\_\_\_\_  
CCS Faculty/Staff Representative

\_\_\_\_\_  
Phone/Contact Info

\_\_\_\_\_  
Program/Project benefitting from fundraising

\_\_\_\_\_  
Targeted Goal (dollar amount \$)

Detailed description of the activity (include location and individuals you plan to solicit). Please attach print materials including flyers, brochures, forms, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing, we agree that all fundraising activities, events, and efforts will follow CCS and CCS Foundation policies, procedures, and guidelines.

\_\_\_\_\_  
Requester Signature                      Date

\_\_\_\_\_  
CCS Faculty/Staff Signature              Date

\_\_\_\_\_  
Foundation Director                      Date

Suggestions/Restrictions from Foundation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_