

**Fundraising Proposal Form**

To begin your fundraiser, please complete this form and return it to the Office of Advancement for approval. If you have any questions please feel free to contact us at 865-471-3459 or via email at advancementservices@cn.edu

Name: Date:

Title: Department:

Phone: Email:

Name of Project:

1. Description of Project/Project Mission:
2. What type of appeal:

Annually occurring How many years previous

Ongoing Started: End date:

One-Time Target start:

1. What organizations or offices other than your own will be involved with this project?
2. Is this project on or off campus? Location?

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1. What is your target sum to raise?

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1. How much do you expect to expend in order to raise project amount?

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1. Who do you expect to solicit for resources? (Please list all names using a separate sheet if necessary.)
2. How do you plan to solicit prospects?
3. What brochures, promotions, advertising or other resources do you plan to use? (attach samples of available material.)
4. Are you setting any “Giving Levels”, establishing a club, or giving anything in return for the donation? Please list in detail.

1. Please list any additional sources of revenue you plan to secure for your project.
2. Please outline any Advertising plan you may have below. (for Marketing review.)
3. Additional Notes:
4. Required Signatures:

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Program/Department Head Date

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Dean or Division Vice President Date

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Vice President for University Relations Date