



Fundraising Activity Proposal Form

Name _____ McLennan Employee ID _____

E-mail _____ Phone _____

Division/Program _____

Type of Solicitation (check all that apply)

Mail

Fundraising Event

Face-to-face

E-mail

Telephone

Direct mail

Fundraising Activity Title _____

Purpose of Activity _____

Planned Date of Activity (or date range) _____

Multiple Prospects

Single Prospect

For multiple prospects, please attach a list of each individual, organization or corporation to be solicited.

If this is a solicitation of a single prospect, please provide the contact information below.

Name of Individual or Organization/Corporation _____

Contact Name for Organization/Corporation _____

Address _____

Dean or Department Director's Signature (required) _____

Printed Name _____ Date _____

For McLennan Community College Foundation Use Only

Approved

Denied

Additional Info. Requested

Comments: _____

Executive Director, MCC Foundation

Date