

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: _____