REQUEST TO HOLD A CHARITABLE EVENT

THIS FORM MUST BE USED IN ANY INSTANCE WHERE AN ORGANIZATION KNOWS PRIOR TO AN EVENT THAT MONEY RAISED AT THE EVENT WILL BE DONATED TO CHARITY. THIS FORM MUST BE PRESENTED TO THE TCU TREASURER BEFORE FINAL PLANS FOR THE EVENT HAVE OCCURRED AND BEFORE ANY CONTRACTS HAVE BEEN SIGNED. ANY GROUP THAT HOLDS A CHARITABLE EVENT WITHOUT FIRST FILLING OUT THIS FORM, WILL BE SUBJECT TO DISCIPLINARY ACTION BY THE TREASURY. ALL CHARITABLE INCOME MUST BE DEPOSITED INTO A 4300 SERIES SUBCODE.

Organization: __________________________________________ DeptID #: A901____
Account #: ____________

Description of Charitable Event: __________________________________________

When Will the Event Be Held? ___/___/___

Method of Earning Revenue: _______Ticket Sales, at $____ per ticket
(check all that apply) _______Refreshment Sales
____ Solicitation of Donations
____ Other (explain): __________________________

Name and Address of Charity to Receive Donation: ________________________________
(If Known)

Has the Organization Sponsored Any Other Charitable Events This Academic Year?
__Yes: ___________________________ ___/___/___ $___________
    Name of Event                 Date              Amount Raised
__No
(if the organization has sponsored more than one charitable event, please list them on a separate sheet)

SIGNATORY NAME (PLEASE PRINT): ____________________________________________

SIGNATURE: ___________________________ DATE _________________________