Fundraising Request Form

Date: _____

Name of Student Group: _____

Fundraiser Description (please include purpose and how revenue will be spent):

_____
_____
_____
_____
_____

How will the group conduct this fundraising activity? (in-person sales, through social media, other. Please explain.)

_____
_____
_____

Proposed Dates(s) of sale(s): _____
Time(s) of sale(s): _____
Approved Location, if sales will be conducted on site at BUSM (*Note: All spaces including the lobby tables must be booked through 25Live*):

_____

Required Signatures
By signing below, you agree that you have read and understand all policies and procedures as they relate to fundraising events at BUSM.

_____   _____
Student Activity Group Representative (Print)   Signature

_____   _____
Faculty Advisor   Signature

For OSA Use Only:

_____   _____
OSA Representative   Signature

STUDENT GROUP FUNDRAISING

<u>Policies and Procedures</u>

1. Only official, registered student activity groups of Boston University School of Medicine are authorized to conduct fundraising activities.

2. All student group fundraising proposals must be submitted to The Office of Student Affairs (OSA) for approval at least three (3) weeks prior to the proposed fundraising activities.

3. All fundraising activities must be approved by at least one of the student activity group's faculty advisors.

4. If fundraising activities will be conducted on site at BUSM, the location of fundraisers must be booked through 25Live and approved by the OSA.

5. Student groups must have a collection box to store collected funds.

6. Student groups must submit the deposit slip to the OSA with the collected funds to the OSA within 24 hours for deposit into the Student Organization Account. The deposit slip **must** be signed by someone in the OSA at drop off.

7. No sales will be allowed for the financial gain of individual(s) outside of the common interests of the student group.

8. All items with the official BU logo must be ordered through Promoversity. If you would like to order branded items with the official logo, please reach out to the OSA for assistance.

STUDENT GROUP FUNDRAISING DEPOSIT SLIP

Organization: _____ **Date**: _____

Description: _____

_____

_____

_____

_____

Amount: $_____   **Form**: ❑ Cash   ❑ Check

Name of student making deposit: _____

Student signature:_____

OSA Acknowledgement

Name: _____

Signature: _____