Center for Student Involvement  
Student Organization Fundraising Form  
425 S. Wabash Ave., WB Room 323, Chicago, IL 60605 • Phone 312.341.2015 • Fax 312.341.2009

Organization: ____________________________________________________________

Contact Person: ___________________________________ Phone: __________________________

Roosevelt e-mail address: ______________________________________________________

Type of fundraiser: (please mark one)

☐ Merchandise Sales (ex: apparel, cups, key chains, etc.)
☐ Candy sales (candy must be wrapped; please note that bake sales are not allowed)
☐ Suggested donation at an event
☐ Letter writing campaign
☐ Change jars around campus
☐ Other (please specify): ______________________________________________________

Description of Fundraiser: ...........................................................................................................

Date(s) of Fundraiser: ______________________ Time(s): ______________________________

Location(s): ...........................................................................................................................

Total anticipated income (A): $________

Total anticipated expenses (B): $________

Total anticipated profit (A-B): $________

Who/what is this fundraiser to benefit (ex: student organization, Children’s Cancer Research, etc.)?

Please read and sign the agreement below:

_In carrying out the above indicated fund raising project, I agree (on behalf of my organization and myself) to adhere to all state and local laws and campus regulations. I further agree to provide additional information to the Center for Student Involvement concerning the project if requested to do so._

Organization President Signature: ___________________________________ Date: ______________

Advisor Signature: ___________________________________ Date: ______________

THIS FORM SHOULD BE RETURNED TO THE CENTER FOR STUDENT INVOLVEMENT A MINIMUM OF TWO WEEKS PRIOR TO THE DATE THAT ANY MONEY, GOODS OR SERVICES WILL BE SOLICITED FOR THE ACTUAL FUNDRAISING PROJECT.

_For CSI Office Use Only_  
Fundraising form received: initialed_________________________ date_________________