Geisinger Commonwealth  
School of Medicine  
Fundraiser Request Form

Date: ________________________________
Name of Fundraiser: ________________________________
GCSoM Contact Person: ________________________________
Department or Club: ________________________________
Phone Number: ________________________________

Fundraiser Description  
Describe the type of fundraiser being run (sale of items, event, etc) and charitable organization(s) or individual who is the beneficiary. If the fundraiser is an event please include the location and expected attendance for insurance purposes: The background should be yellow as you type, not white)

APPROVALS (original signatures, both signatures required if student club): 

Associate Dean of Student Affairs: ________________________________ DATE: ____________

VP Finance / CFO, or designee: ________________________________ DATE: ____________

For Events that will be held on GCSoM property:

Chief Facilities and Public Safety Officer: ________________________________ DATE: ____________

For items that require the use of GCSoM logo:

VP Planning: ________________________________ DATE: ____________

For Controller’s Office Use Only:

Insurance Information: ________________________________ Signature and Date

Fund or Accounts Setup in MS Dynamics: ________________________________ Signature and Date

Department or Club Notified Fundraiser is Approved: ________________________________ Date