

**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