

**FUNDRAISING / MEMBERSHIP REQUEST FORM**

Description of Activity:

**Date of Event**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month            date(s)

Event time:

Contact:

Phone:

Department:

Zip Code:

Explain how will the funds be used:

Specify how this activity benefits UNMC  
or Nebraska Medicine:

Names of outside vendors (if applicable)

Date submitted:

**SEND TO: Fundraising Request c/o UNMC Finance and Business Services, zip 5070**

Amy Lamer – alamer@unmc.edu

\_\_\_\_\_ **REQUEST APPROVED**

\_\_\_\_\_ **REQUEST DENIED**

**explanation:** \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_