

GIFT SOLICITATION FORM

No gift solicitation is to be made in the name of Atlantic Cape Community College without final approval from the Resource Development Office.

1. Requestor/requesting organization: _____

2. Department: _____

3. Phone number and email address of requestor(s): _____

4. Date of submission: _____

5. Deadline: _____

6. Purpose of the solicitation: _____

7. Proposed Gift Prospects - Prospect Agencies, Businesses, Individuals, etc.:

8. Gift Requests - Types of gifts to be requested, amounts of gifts to be requested, if restricted purposes. Please describe restriction criteria:

9. Gift Solicitation Budget Plan - Include Revenues expected and Expenses anticipated:

10. Matching Funds: YES _____ NO _____

10a. If yes, please specify: _____

11. Additional information: _____

12. Please attach proposed solicitation materials and solicitation plan.

Signatures:

Requestor/Originator Date

Department Head/Chair

Date

Dean

Date

Dean of CE & Resource Development

Date

President

Date

APPROVED _____ DENIED _____

Comments/Recommendations:
