

MSOE DEVELOPMENT OFFICE

REQUEST FOR FUND RAISING/SOLICITATION FROM DEVELOPMENT

Event/Organization/Class:

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Faculty/Staff/Student Name(s) and Contact Information:

Name - _____	Name - _____
Phone - _____	Phone - _____
E-Mail - _____	E-Mail - _____
Name - _____	Name - _____
Phone - _____	Phone - _____
E-Mail - _____	E-Mail - _____

Purpose (Why are you contacting these companies/individuals?):

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Business, or person (and items) to be solicited – for each business or person, indicate what (money, product, materials, technical support, etc.) you will be soliciting:

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Timeline for Collection:

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Advisor

Advisor Name: _____ **Authorizing Signature:** _____

PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY

Please Deliver to:

Jonathan Kowalski, JD
Development and Alumni Affairs Office
Alumni Partnership Center – Third Floor
(414) 277-4510 - Phone
(414) 277-7480 – Fax
kowalski@msoe.edu