

INDIANA UNIVERSITY KOKOMO SOLICITATION REQUEST FORM

This form must be completed and approved by IU Kokomo External Relations prior to any community solicitation

Date of Request _____ Solicitor _____

Anticipated Date of Solicitation _____ Date of Event _____

Please attach a typed and alphabetized solicitation list.

Do you have a personal relationship with the donor/company? (Please indicate relationship, i.e. relative, neighbor, friend, on your list.)

Specify the type of gift you are requesting: _____ Cash _____ Gift-in-Kind
_____ Cash and Gift-in-Kind (Please indicate cash solicitations on your list.)

Describe the benefit(s) this request will have on your department or organization _____

PLEASE SUBMIT COMPLETED FORM AND SOLICITATION LIST TO:
IU Kokomo External Relations, KO190, 2300 S. Washington, Kokomo, IN 46904-9003
Questions? Contact Gail Daggett at: (765) 455-9272 Fax (765) 455-9504

Please allow one week (5 working days) for approval to be granted
This area for External Relations

Date Received _____ Request Approved Disapproved

Special Instructions/Comments: _____

Reviewed by _____ Date Approved _____