

Providence College  
Department of Athletics  
Charitable Request Form

Requestor's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Organization Name \_\_\_\_\_ Email\* \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your Organization is:

\_\_\_\_\_ A college/university or recognized entity thereof

(e.g. fraternity, sorority, or student government organization)

\_\_\_\_\_ A nonprofit organization or charitable or education organization

\_\_\_\_\_ Neither of the above

Will funds benefit a high school, middle school, or grade school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of school? \_\_\_\_\_

High School \_\_\_\_\_ Middle School \_\_\_\_\_ Grade School \_\_\_\_\_

Tell us about your fundraiser

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Needed by? \_\_\_\_\_ Will money be raised? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, will the proceeds go directly to your organization? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature and Date

\*Please attach your flyer if you have one!

