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
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

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!