

Cortland College Foundation, Inc.

Designated Donation Request Form

NOTE: Those individuals who want to request designated funding from the Cortland College Foundation must complete the form, gather the required signatures, attach receipts and estimates, and then submit the Designated Donation Request Form to the Cortland College Foundation office.

Incomplete forms, or forms with missing required signatures, will not be processed and the forms will be returned to the submitter for completion, which will delay the fund request.

Submitted by: _____ Title: _____

Dept/Organization: _____ Phone Number: _____

Campus Address: _____

Date of Request: _____ Amount Requested: _____ Date Needed: _____

Fund to be Charged: _____

Make Check Payable to: _____

Mail/Route Check to: _____

Intercampus Mail Location or Mailing Address

Purpose of the Fund Request (Please Itemize Expenses): _____

DO NOT USE THE SPACE BELOW – FOR FOUNDATION USE ONLY

The Submitter Agrees to the following:

1. To provide the Foundation receipts which document the expenses made and reasons for expense.
2. To publicize when and where possible the source of funding – “The Cortland College Foundation.”
3. To return all unexpended funds.

Submitter Signature: _____ Date: _____

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Designated Donation Request Form (continued)

Required Signatures for Approval

The Designated Donation Request Form **requires at least two signatures** for approval from the submitter's department chair, supervisor, and or leadership member before the request can be reviewed and processed.

Please have your reviewers complete a reviewer section below.

If there are not two signatures, the request will be considered incomplete and will be returned to you for a subsequent review.

Reviewer 1 (required):

Please Check One: Dept. Chair/Supervisor/Advisor Division Dean Vice President/Cabinet Member

Do you approve of the fund request? (check one) Yes No

Comments: _____

Reviewer 1 Name: _____

Reviewer 1 Signature: _____ Date: _____

Reviewer 2 (required):

Please Check One: Dept. Chair/Supervisor/Advisor Division Dean Vice President/Cabinet Member

Do you approve of the fund request? (check one) Yes No

Comments: _____

Reviewer 2 Name: _____

Reviewer 2 Signature: _____ Date: _____

Reviewer 3 (if applicable):

Please Check One: Dept. Chair/Supervisor/Advisor Division Dean Vice President/Cabinet Member

Do you approve of the fund request? (check one) Yes No

Comments: _____

Reviewer 3 Name: _____

Reviewer 3 Signature: _____ Date: _____

Cortland College Foundation, Inc.:

Do you approve of the fund request? (check one) Yes No

Comments: _____

CCF, Inc. Reviewer Name: _____

CCF, Inc. Reviewer Signature: _____ Date: _____
