



TO:
FROM:
DATE:
I am requesting permission to solicit: <input type="checkbox"/> Services <input type="checkbox"/> Food <input type="checkbox"/> Monetary donations <input type="checkbox"/> Clothes, furniture, equipment, etc <input type="checkbox"/> Door prizes <input type="checkbox"/> Other
Purpose of solicitation (please include applicable dates):
<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended
Signature of Supervisor Date
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Signature of Department Head Date

* Refer to Administrative Regulation 18.0 Solicitation of Donations for further explanation.