



Texas Wesleyan

OFFICE OF UNIVERSITY ADVANCEMENT

Crowdfunding Application

Project Name: _____

Project Contact Person: _____ Phone Number: _____

Email Address: _____ Department: _____

Fundraising Goal: \$ _____

Project Start Date: _____ Project End Date: _____

**Recommended project length is 60-90 days.*

Fund Name: _____ GL Number: _____

Project Story

Please provide information about your fundraising project.

- ☐ I understand that my department is responsible for paying any processing fees for each transaction unless the donor covers these fees in addition to their donation.
- ☐ I have read and understood the Crowdfunding Policies & Procedures.

Department Head Approval: _____ Date: _____

Provost Approval: _____ Date: _____

Advancement VP Approval: _____ Date: _____