|  |  |
| --- | --- |
| Chapter Name: |  |
| Date: |  |
| Academic Year: |  |
| Target Goal Amount: |  |

What programs and/or activities will be supported by the funds raised:

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| --- | --- |
| **Program and/or Activity**  | **Percentage of funds raised** |
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Please provide information on planned events to reach your annual goal:

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| --- | --- | --- | --- |
| Name of Event: |  |  Date: |  |
| Location: |  | Funds raised will support: |  |
| Primary Contact Name: |  |
| Email Address: |  | Phone Number: |  |

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| --- | --- | --- | --- |
| Name of Event: |  |  Date: |  |
| Location: |  | Funds raised will support: |  |
| Primary Contact Name: |  |
| Email Address: |  | Phone Number: |  |

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| --- | --- | --- | --- |
| Name of Event: |  |  Date: |  |
| Location: |  | Funds raised will support: |  |
| Primary Contact Name: |  |
| Email Address: |  | Phone Number: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Event: |  |  Date: |  |
| Location: |  | Funds raised will support: |  |
| Primary Contact Name: |  |
| Email Address: |  | Phone Number: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Event: |  |  Date: |  |
| Location: |  | Funds raised will support: |  |
| Primary Contact Name: |  |
| Email Address: |  | Phone Number: |  |

Other:

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| --- | --- | --- | --- |
| President: |  | Date: |  |
| Confirmed by: |  | Date: |  |