**Team Fundraising Authorization Request**

Submit this form to obtain SDMHA authorization for team fundraising activities.

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| **Team:** |  |  |
|  |  |  |
| **Fundraiser** | **Start Date** | **End Date** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
|  |  |  |
| **Contact Name** | **Contact Number** | **Contact Email** |
|  |  |  |
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|  |  |  |

**Purpose:** This form is used to request approval for team fundraising initiatives. Once submitted, the request will be reviewed by the Fundraising and Sponsorship Director, who will follow up with an approval, a request for more information, or a rejection.

**Acknowledgement:** By submitting this form, you confirm that you have read and agree to follow the fundraising guidelines outlined in the **SDMHA Team Fundraising & Sponsorship Policy.**

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| --- | --- |
| **Contact Signature** | **Date** |
|  |  |