



SOUTHERN FOUNDATION
DONATION/EVENT PAGE

NAME OF INDIVIDUAL COMPLETING THIS FORM:

NAME OF DEVELOPMENT DIRECTOR SUPPORTING THIS CAMPAIGN:

EMAIL:

PHONE:

COLLEGE:

DEPARTMENT:

NAME OF DONATION/EVENT PAGE:

DATE OF EVENT:

EVENT CAPACITY:

NAME OF FUND:

FUNDRAISING GOAL:

BRIEF DESCRIPTION OF PAGE:

SIGNATURE:

DATE:

*Please be sure to include a JPEG photo (max width 1280px) upon completion of this form.
Please email completed form to robert.harrison@suttrueblue.org and yvonne@suttrueblue.org.