Campus Activities Office

Fundraising Policy

Gustavus Adolphus College makes a distinction between solicitation and canvassing. The College defines canvassing in terms of political expression and permits this to occur with advance notice. The College defines solicitation in terms of advertising/sales and restricts the number and type of student-run fundraisers, sales, and solicitations that may be directed to students and other members of the Gustavus community. Only recognized student organizations and department-sponsored student groups may engage in fundraising efforts. Such activities are subject to approval by the Campus Activities Office and are restricted to specified areas only. General solicitation is prohibited in all other public spaces and well as the campus residence halls.

Groups that wish to solicit (sell merchandise and/or fundraise) are subject to the following regulations:

1. All recognized student organizations desiring to sell merchandise or services on campus or host an event whose primary purpose is to fundraise must schedule that activity through the Campus Activities Office at least 1 week prior by completing the Fundraising form.

2. Campus Activities does **not** approve any fundraisers during First Year Orientation.

3. If a student organization wishes to conduct fundraisers in College residence halls or Lund Center, the approval of the Director of Residential Life or Athletic Director will be required in advance and should be indicated by his/her signature on the application form.

4. Under no circumstance are constituents allowed to sell homemade food anywhere on the Gustavus Adolphus College Campus.

5. The Campus Activities Office reserves the right to determine what items can be sold on campus and cancel tabling reservations accordingly.

**Off Campus Fundraising**

Recognized student organizations asking for in kind or monetary donations from community partners and vendors should not represent themselves as fundraising for Gustavus Adolphus College but rather use their organization’s name and the purpose of your fundraising.

If your organization is interested in soliciting constituents of the College (parents, friends, family, alumni) you must work through the Advancement Office. If a solicitation is deemed in accordance with the fundraising priorities of the College, a mailing will move forward. Any mailing or solicitations require permission from Institutional Advancement. For more information or to contact Institutional Advancement please email Ann Johnson (ajohns13@gustavus.edu).

**Non-Campus Affiliated Organizations or Individuals**

Individuals or groups whose purpose is selling merchandise or services are prohibited from activity on campus unless sponsored by a recognized student organization, department, or approved by the Campus Activities Office. Vendors are limited to two visits per month and must pay a vendor fee prior to tabling.
Gustavus Adolphus College
Fundraising Form

Name of Organization/ Group: ____________________________________________

Type of Activity and Purpose: ____________________________________________

If Gustie Gear please describe AND attach a proof of apparel ______________________

Location of Activity: _____________________________________________________

Residence Life approval (if applicable): ______________________________________

Athletic Director approval (if applicable): _____________________________________

Date(s) and Time: _________________________________________________________

Proceeds to go to (if applicable): ___________________________________________

My/our signature(s) indicate(s) that we have read, understand, and will comply with all provisions of the policy concerning fundraising policy on the Gustavus campus. In addition, it is understood that failure to comply with the Policy may subject us to College judicial action. We further understand that following the activity.

Name _________________________________________________________________

Position in the Organization ______________________________________________

Signature ______________________________________________________________

Telephone ______________________________________________________________

E-mail _________________________________________________________________

Advisor’s Name _________________________________________________________

Signature ______________________________________________________________

Date Approved: _________________________________________________________

Approved By: __________________________________________________________