

Appendix 1



ADVANCEMENT

Toll Free 1-833-353-0230 | 807 475-6322

1450 Nakina Drive, Thunder Bay, Ontario Canada P7B 0E5

Confederation College Potential Donor/Sponsor Clearance Form

Confederation College is committed to fostering relationships with potential donors, organizations, and other stakeholders in an ethical, collaborative, and respectful manner. Please submit this form at least 14 days in advance of the potential contact with the donor or donor prospect. Subject to approval, all forms must be reviewed and signed by a member of the Department of Advancement, Office C211, Shuniah Building 2nd floor, Thunder Bay.

SECTION 1: Requestor Information

- **Name:** _____
- **Title/Position:** _____
- **Department:** _____
- **Email:** _____
- **Phone Number:** _____

SECTION 2: Prospect Information

- **Name of Prospect (Individual/Organization):** _____
- **Primary Contact Person (if applicable):** _____
- **Contact Information**
 - Phone: _____
 - Email: _____
- **Prospect Type (Check one):**
 - Individual
 - Corporation
 - Foundation
 - Other (specify): _____
- **Proposed Initiative/Project:** _____
- **Estimated Gift Range (if applicable):** _____

SECTION 3: Purpose of Engagement

- Major Gift Solicitation
- Sponsorship Request

- In-Kind Donation Request
- Event/Program Sponsorship
- General Cultivation/Relationship Building
- Other (specify): _____

Provide a brief description of your proposed engagement and why this prospect is a good fit for the initiative:

SECTION 4: Clearance and Coordination

By submitting this form, I acknowledge that I will not contact the prospect until receiving approval. I agree to provide follow-up information to the Advancement Office after the engagement to ensure proper tracking and stewardship.

Requestor Signature: _____ **Date:** _____

For Advancement Office Use only

- **Has this prospect been previously contacted by another department?** [] Yes [] No
 - **If yes, please provide details:** _____
- **Has the prospect previously contributed to Confederation College?** [] Yes [] No
 - **If yes, provide details (amount, year, purpose):** _____

Advancement Office Approval/Denial:

- Name: _____
- Title: _____
- Signature: _____
- Date: _____
- Notes (only applicable for denial): _____