

SPARTAN POINTS

Request for Review



ID# (found on Spartan Points statement) : _____

Name: _____

Address: _____

City, State Zip: _____

Spartan Fund provided point total: _____
(found on Spartan Points Statement)

Please return to:

Request for Review
Spartan Fund
200 Spartan Way
East Lansing, MI 48824-4005

- or -

fax to:
(517) 432-6219

Patron calculated point total:

Consecutive Years as a Season Ticket Holder in your name

Sport	Years of Purchase	Point Value	Points
Football	_____	3/consecutive year	_____
Men's Basketball	_____	3/consecutive year	_____
Women's Basketball	_____	3/consecutive year	_____
Ice Hockey	_____	3/consecutive year	_____
Volleyball	_____	3/consecutive year	_____

Consecutive Years as a Spartan Fund Member

Criteria	Years as a Member	Point Value	Points
Spartan Fund membership	_____	2/consecutive year	_____

Donation Priority Points

Criteria	Dollar Value	Point Value	Points
Lifetime Giving to Athletics	_____	1 pt / \$100	_____
Lifetime Giving to University ¹	_____	1 pt / \$1,000	_____
Irrevocable Planned Gift to Athletics ²	_____	1 pt / \$1,000	_____

¹ Lifetime Giving to the University represents total giving to MSU entities other than athletics

² based on allowable charitable deduction

Total Spartan Points _____

Signature _____ Date _____

Please attach any necessary documentation (payment receipts , bank statements, etc.) for proof.