



UNI ATHLETICS DONATION REQUEST FORM

Name of Event: _____
 Contact Name: _____
 Address: _____
 City/State/Zip: _____
 Email: _____

Date of Event: _____
 Recipient/Organization: _____
 Phone: _____
 Fax: _____

What is being requested?

- Signature(s) on memorabilia PROVIDED by recipient/organization
 Signatures Requested _____
- Donation of Tickets _____

Delivery Method

- MAIL
 CALL FOR PICK-UP
 GIVE TO: _____

What is the item going to be used for?

- Personal keepsake or gift to a friend
 NOTE: This item is not for resale and cannot be given to any individual or organization for fundraising purposes that include students in the 9th-12th grade.
- Fundraising for a charitable, educational (8th grade or below), or non-profit organization.
 Note: Proceeds or actual item MAY NOT be provided to a high school, preparatory school or junior college for any reason. ALL proceeds from the resale or auction of this item will go directly to the charitable, educational (8th grade or below), or non-profit organization.

Please describe the activity and promotion: _____

 Organization's Representative Signature

 Date

UNI ATHLETICS USE ONLY

<p><input type="checkbox"/> May participate in this activity</p> <p><input type="checkbox"/> May <u>NOT</u> participate in this activity Reason(s): _____</p>	<p>_____ AD – Compliance Date</p>
<p>_____ Sports Marketing (Date)</p>	<p>_____ Athletics Director (Date)</p>

Return completed form by fax to (319)273-3602,
 Mail to UNI Athletics, UNI-Dome NW Upper, Cedar Falls, IA 50614-0314
PLEASE ALLOW AT LEAST 2 WEEKS TO PROCESS YOUR REQUEST.