



FORM TO ACCEPT OR DECLINE BENEFITS

Please check all that apply:

_____ I wish to **accept all benefits** associated with my giving level. I understand that the value of these benefits is not tax deductible.

_____ I wish to **decline all benefits** so that my gift is 100% tax deductible.

_____ I wish to **accept only** the following benefits that are checked:

_____ **Wavelengths Publication Subscription**
-Applies to annual gifts of \$75.00 or more
-Value: \$19.95

_____ **Seating Priority** (Football, Basketball, and Baseball)
-Applies to annual gifts of \$125 or more
-Value: 20% of gift amount that you have chosen to be eligible for seating priority
If this benefit is checked, how much of your gift would you like to be eligible for seating priority?

\$ _____

_____ **Coach's Corner Pre-game Event:** prior to all home Football and Men's Basketball games (also select Women's Basketball games)
-Applies to annual gifts of \$1,500 or more
-Value: \$300.00

_____ **Parking Pass for Basketball Season in Loyola Garage**
-Applies to annual gifts of \$1,500 or more
-Value: \$40.00

_____ **Media Guides** (Football, Basketball, and Baseball)
-Applies to annual gifts of \$5,000 or more
-Value: \$12.00 each (total: \$36.00)

_____ **Trip for two to a road football game**
-Applies to annual gifts of \$10,000 or more
-Value: \$1,200.00

_____ **Annual Gift** (exclusive athletics memorabilia)
-Applies to annual gifts of \$25,000 or more
-Value: \$150.00

Name (Print)

Signature

Date

Name(Print)

Signature

Date

PLEASE RETURN TO: TAF - JAMES W. WILSON, JR. CENTER – NEW ORLEANS, LA 70118