TULANE ATHLETICS FUND

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:

_____ **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

_____ **Donor Trip for Two**
-Applies to annual gifts of $10,000 or more
-Value: $1,200.00

_____ _____ _____
Name (Print) Signature Date

_____ _____ _____
Name(Print) Signature Date

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