

Email: athleticsdonations@ku.edu

Donation & Autograph Request Form

DONATION/AUTOGRAPH	REQUEST INFORMATION	I "	
Name of Requestor:		Phone #:	
Name of Organization:		,	
Tax Exempt #:		Email Address:	
Organization Address:		City, State, Zip:	
The requested item may <u>not</u> be useducational project or any high substituted activity or project must go directly names may not involve co-sponsimaterials; an authorized represer	☐ Educational or Scholastic-Related ☐ Non-Profit/Charitable [Must include	pool organization, high school fund school is defined as grades nine through new or educational institution; the recommercial agency other than a greeing to adhere to all NCAA guit Compliance Office; and memoral the school of	raising event that will benefit a charity of twelve.); all profit from the promotion requested item involving student-athlete' company's logo or trademark on printed delines regarding this request; use of the
*Note: Information (i.e., flyer, brock	 □ KU Organization (i.e., fraternity, so □ NCAA institution, conference or ent □ Fundraising for a local benefit for sic • Who will benefit? • Is there a trust fund set up? • If yes, list bank and city/sta • Are there 9th-12th graders in the nure, etc.) describing the event must be included 	tity thereof k, injured or disabled individual: Yes No ate: family? Yes 1	No
	uest:		
	nt/project will be used for: udents (9 th − 12 th grades) benefit? ☐ Yes I	□ No	
, ,	ave read and understand the NCAA rules and re nd understand only one item per request/organ:		nd agree to abide by all guidelines. I will
Activity/Organizational Representative Signature:		Date:	
Send form and all supporting documents to: Kansas Athletics Marketing Office 1651 Naismith Dr.		COMPLIA Approved Denied	NCE USE ONLY Compliance Initials: Date: