



DONATION/AUTOGRAPH REQUEST INFORMATION

Name of Requestor:	Phone #:
Name of Organization:	
Tax Exempt #:	Email Address:
Organization Address:	City, State, Zip:

NCAA guidelines require the following conditions be met in regards to institutional memorabilia and autographs:

The requested item may not be used in fundraising events for any high school organization, high school fund raising event that will benefit a charity or educational project or any high school or prospect-aged individual. (*High school is defined as grades nine through twelve.*); all profit from the promotions activity or project must go directly to the requesting charity, non-profit agency or educational institution; the requested item involving student-athlete's names may not involve co-sponsorship, advertisement or promotion by a commercial agency other than a company's logo or trademark on printed materials; an authorized representative of the agency must sign a waiver agreeing to adhere to all NCAA guidelines regarding this request; use of the memorabilia item must have written approval from the Kansas Athletics Compliance Office; and memorabilia may not be sold, traded or donated without written consent of the Kansas Athletics.

- This organization is:**
- Educational or Scholastic-Related
 - Non-Profit/Charitable **[Must include 501(c) documentation]**
 - KU Organization (i.e., fraternity, sorority, student government, etc.)
 - NCAA institution, conference or entity thereof
 - Fundraising for a local benefit for sick, injured or disabled individual:
 - Who will benefit? _____
 - Is there a trust fund set up? Yes No
 - o If yes, list bank and city/state: _____
 - Are there 9th-12th graders in the family? Yes No

Note: Information (i.e., flyer, brochure, etc.) describing the event must be included/attached to this completed form

- Autograph/ Item Request:**
- Bill Self Autographed Basketball \$60
 - Les Miles Autographed Football \$60

***Note: Please be aware that autographed items may contain smudges.**

- Comments and Date Item is Needed: _____
- Please explain the reason the item is being requested and/or how it will be used (*i.e., door prize, fundraiser, auction, etc.*):

- Proceeds from the event/project will be used for: _____
- Will high school-age students (9th – 12th grades) benefit? Yes No

My signature below confirms that I have read and understand the NCAA rules and regulations pertaining to this request and agree to abide by all guidelines. I will allow four (4) weeks for processing and understand only one item per request/organization per year is allowed.

Activity/Organizational Representative Signature:	Date:
--	--------------

Send form and all supporting documents to:
Kansas Athletics Marketing Office
 1651 Naismith Dr.
 Lawrence, KS 66045
Email: athleticsdonations@ku.edu

COMPLIANCE USE ONLY	
<input type="checkbox"/> Approved	Compliance Initials: _____
<input type="checkbox"/> Denied	Date: _____