UAB ATHLETICS

Donation Request Form

Compliance Office

Name of Requesting Agency/Group: ____________________________________________

Agency/Group Description: □ UAB Affiliated □ Charitable □ Non-UAB Educational Group/School
□ Other: ____________________________________________

Proof of 501(c)(3) status may be required for charitable agencies.

Name of Contact Person: ___________________________ Phone Number: ___________________________

E-mail Address: ___________________________________________ Website: ___________________________

Type of Request: □ Autographed Item(s) □ Tickets □ Camp Registration(s)
□ Other: ____________________________________________

Date Needed (requests must be made 2 weeks prior to date needed): ____________________________

Please describe your event: ____________________________________________

Yes □ No □ Is this a fundraising event? If yes, please answer the next question.

□ Yes □ No Will the funds raised from this event directly or indirectly benefit high school students (i.e., students in 9th – 12th grade)?

If this is a fundraising event, please explain how the funds will be used: ____________________________

If a Ticket Request:
Sport: ___________________________ Date of Competition: ___________________________ Number of Tickets: ______

If Autograph Request:
Name(s) of Preferred Autographs on Memorabilia Sport
______________________________ ___________________________
______________________________ ___________________________
______________________________ ___________________________

I certify that the donated item(s) will not be used to directly or indirectly benefit any high school students (i.e., students in 9th – 12th grade).

Authorized Representative Signature Date

Compliance Signature Date

□ Approved □ Denied

Compliance Office Comments: ____________________________________________