## **RUTGERS ATHLETICS CHARITABLE DONATION REQUEST FORM**

Please complete the information below. You must be an authorized representative of the requesting agency/organization/school to submit this request. Please note the following:

- -Submitting a form does not guarantee the request will be fulfilled
- -A letter on your organization's official letterhead must also be submitted with this form

- -Requests must be received at least eight weeks prior to the date of activity
   Items donated are based on availability and the discretion of Rutgers Athletics
  -FORMS NOT FULLY COMPLETED WILL NOT BE CONSIDERED-PLEASE PRINT CLEARLY AND LEGIBLY

Contact Name:	Phone:	
	Fax:	
Name of Organization/Charity:	Name of Event:	
Date of Event:	Age Group Proceeds Will Benefit:	
If the item is to be used for an auction, ple etc.)	se provide detailed information regarding where the proceeds will go (i.e. p	ourpose of charit
	Where to Send Donation:	
Name:		
Address:		
City:	State: Zip:	
	ed item, you must agree to the following guidelines: ated, sold or otherwise transferred to a high school (9th-12th grade), pre	
Rutgers Athletics. C. Rutgers Athletics reserves the rig By signing this form I agree to the aforeme these guidelines be violated.	ed or traded at any other event besides the event named above without that to request the return of any item.  Intioned guidelines and understand that Rutgers University may take legal a	
Signature of Requestor/Recipient of Item	Date	
Submit this form, along with a request on	Rutgers Sports Marketing Office Attn: Donation Requests Louis Brown Athletic Center 83 Rockafeller Road Piscataway, NJ 08854 Phone: 732-445-3342 Fax: 732-445-3862	
For Athletic Department use Only:	***********************************	*****
Request Approved Request Denied	If denied, reason:	
Marketing Department Authorization:		
Office of Compliance Authorization:	Approved Denied Comments	