UNIVERSITY OF NOTRE DAME ATHLETICS

DONATION REQUEST FORM

	PRINT CLEARLY of Organization/Person Ma	ng the Request:	
Name o	of Contact Person:	Daytime Phone:	
Addres	s:		
Email A	ddress:	Website of Organization (if any):	
Purpose of Requested Item:			
[]	_	e/non-profit organization e.g. American Cancer Society, YMCA, Boys and Girls Club, Notre Dame Club, Church Group)	
[]			
	(Donations may not be mad	to schools serving 9 th -12 th grade students, prep schools, or junior colleges)	
[]	Private/Gift:		
Ages and grades in school of individual(s) who will benefit from this request:			
Date N	eeded:	Item Requested (if specific request):	
NCA	Each organization is lime. Due to the high volume litems used to fill donate. Please submit this form. All decisions made by the lift you are requesting to the lift of the li	l individual (9 th -12 th grade, prep school and junior college students) autographed by student-athletes cannot be honored.	d.
	ing below, you attest that nes and NCAA Rules.	ou have read and understand, and that you will abide by, the above-listed University	
Signatu	ire:	Date:	
	thletic Department Use: equest is approved.	[] Request is denied.	

Please submit this form using one of the following means:

Compliance Office Signature

Mail: University of Notre Dame / Event Marketing Donation Requests / Joyce Center / Notre Dame, IN 46556

Date

Fax: Donation Requests / 574.631.0854

Email: eventreg@nd.edu (for scanned or PDF forms)