



**University at Buffalo Division of Athletics  
AUTOGRAPHED ITEM/DONATION REQUEST FORM**

Contact Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Recipient/Organization: \_\_\_\_\_ Website of Organization: \_\_\_\_\_

UB Contact person (if you have already contacted someone in Athletics regarding this donation) \_\_\_\_\_

What is being requested?

Signature on Memorabilia Provided by Recipient/Organization  
Signature(s) Requested: \_\_\_\_\_

Donation of Memorabilia or Tickets Items Requested:  
\_\_\_\_\_

What is the item going to be used for?

**Personal keepsake or gift to friend**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <u>Yes</u>               | <u>No</u>                |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the individual receiving the item in grades 9-12?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the individual receiving this item have children attending grade 9-12? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the individual receiving this item have siblings attending grade 9-12? |

**Fund-raising for a charitable, educational, nonprofit organization, or benefit for sick, injured or disabled individual**

Who will benefit from this fundraiser? \_\_\_\_\_ Date of fund-raiser \_\_\_\_\_

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <u>Yes</u>               | <u>No</u>                |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the fundraiser only benefit individuals in grades 9-12?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the fundraiser benefit an athletics team or organization<br>If yes, what are the grade levels of the beneficiaries? _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is this a fundraiser for an academic scholarship?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Will this donation item be resold or auctioned?<br>If yes, will all proceeds go directly to the organization/individual listed above?<br><input type="checkbox"/> yes <input type="checkbox"/> no |

Please describe what the donation item will be used for. (Attach copy of flyer, if available.)  
\_\_\_\_\_

**X** \_\_\_\_\_  
Organization's Representative's Signature

**X** \_\_\_\_\_  
Date

**Athletic Department Use**

- May participate in this activity  May NOT participate in this activity

\_\_\_\_\_  
Compliance Office Authorization

\_\_\_\_\_  
Date