



BEMIDJI STATE UNIVERSITY DONATION REQUEST FORM

Contact Name: _____ Phone: _____ Fax: _____

Address: _____ Email: _____
(Street, City, State, Zip)

Group/Organization Requesting Donation: _____

Please check one item: BSU Department Charity School (grades k-8) Other: _____

Website URL: _____ * Proof of 501(c)(3) status may be required.

What is the donated item(s) going to be used for?

Personal keepsake or gift (This item is not for resale and cannot be given to any individual or organization for fund-raising purposes that includes students in 9th – 12th grade).

OR

Fund-raising for a charitable, educational, or a nonprofit organization, that does not primarily consist of students in the 9th- 12th grade. Proceeds or actual item may NOT be provided to a high school, preparatory school, or junior college for any reason. ALL proceeds from the resale or auction of this item will go directly to the charitable, educational, or nonprofit organization.

Date of fund-raiser: _____ Site and city of event: _____

Mission or Purpose of Event: [Attach supporting documentation (copy of flyer) if available.]

Donation Requested: (please be specific)

(All Sport Team Requests must be sent to individual coaches. See website for address.)

By signing off on this form, the requesting organization is assuring it will abide by all relevant NCAA legislation and not allow these benefits to be given to anyone who would be considered a **prospect** by NCAA definition.

Organizational Authorized Signature **Date**

Please return form via email or fax to Alexander Carew, Director of Compliance:

E-mail: alexander.carew@bemidjistate.edu
Fax#: 218-755-3898

Compliance Office Use Only		
Approved: Yes No Note approval conditions (if applicable):	Signature of Compliance Staff:	Date request rec'd:
Donation Supplied by Athletics		Date sent:

