



# UNIVERSITY SERVICES

## REQUEST FOR PRODUCT DONATION

Donations are for non-profit internal departments and organizations only

### Contact Information

Name of Requesting Organization/Department : \_\_\_\_\_

Authorized Contact Name : \_\_\_\_\_ Room # : \_\_\_\_\_

E-Mail Address : \_\_\_\_\_ Phone # : \_\_\_\_\_

### Donation Request Information

What kind of product are you requesting and why? (be as specific as possible)

\_\_\_\_\_  
\_\_\_\_\_

Name of Event for Product Use : \_\_\_\_\_ Event Date(s) : \_\_\_\_\_

Event Location : \_\_\_\_\_ Expected Attendance : \_\_\_\_\_

Describe Purpose of Event (be as specific as possible)

\_\_\_\_\_  
\_\_\_\_\_

Are donations publicly acknowledged, if so how? (website, signage, etc)

\_\_\_\_\_  
\_\_\_\_\_

Product delivery date and delivery location: \_\_\_\_\_

*For University Services Office Use Only*

Notes: \_\_\_\_\_  
\_\_\_\_\_

Received \_\_\_\_\_

Approved \_\_\_\_\_

Not Approved \_\_\_\_\_

August 2016