



This form, when signed by the requesting entity and approved by all appropriate University of South Carolina Athletics Department officials, allows a donation to occur as requested by the requesting entity. In submitting this form, the requesting entity recognizes that the following criteria **MUST** be met in order for a donation to be considered including:

- 1) The request **MUST** be submitted to the UofSC Marketing Department at least four (4) weeks prior to the date of the donation fulfillment date
- 2) The request **MUST** include a fully completed copy of this form and submitted to the UofSC Marketing Department for consideration
- 3) If a charitable group, the request **MUST** include a copy of the group's government recognized 501(c)3 status
- 4) The request **MUST** be for one item only

If any of the above criteria are not met, requests for donations will be denied and returned. Please note that the University of South Carolina reserves the right to approve or deny requests regardless of the permissibility of the request under NCAA rules.

**SECTION A: REQUESTING GROUP/AGENCY INFORMATION**

Name of requesting group/agency		Organization Web Address	
Group/Agency Description (check one) - must provide proof of 501(c)3 status <input type="checkbox"/> High School <input type="checkbox"/> K-8 School <input type="checkbox"/> USC Group <input type="checkbox"/> Charitable Group <input type="checkbox"/> Commercial Entity <input type="checkbox"/> Other (please provide explanation): _____			Tax Identification Number _____
Contact person for requesting group/agency		Contact E-mail Address	
Address (street, city, state, zip)		Phone #	Fax #

**SECTION B: DONATION INFORMATION**

Name of Event	Location of Event	Date of Event
Item being requested? (e.g.: autographed ball, autographed photo) <input type="checkbox"/> Shane Beamer autographed football (\$75) <input type="checkbox"/> Dawn Staley autographed basketball (\$50) <input type="checkbox"/> Lamont Paris autographed basketball (\$50) <input type="checkbox"/> Mark Kingston autographed baseball (\$25)		
Purpose for requesting the donation?  		
Will the donation result in money being raised? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe where the proceeds from the donation will be distributed:  		

**SECTION C: NCAA DONATION QUESTIONS**

Please answer the following promotion/donation specific questions:

1. Will funds raised by the donation directly or indirectly benefit a group? <i>If yes to #1: Is the group associated with a high school or high school booster group?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Will the funds raised directly or indirectly benefit an individual? <i>If yes to #2: Is that individual a high school student?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Will the funds raised go directly to a charity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. What is the age range of the individuals who will benefit from the funds raised?	
Below 9 <sup>th</sup> grade	<input type="checkbox"/> Yes <input type="checkbox"/> No
High School (Grades 9-12)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Post Secondary (Graduated from HS, not enrolled at a two year college)	<input type="checkbox"/> Yes <input type="checkbox"/> No



**SECTION D: GROUP/AGENCY RECOGNITION OF TERMS AND CONDITIONS**

*I certify that I have filled out this form correctly and accurately to the best of my knowledge. I have read the terms and conditions for submitting this request to the University of South Carolina Athletics Department and agree to abide by these terms and conditions, along with all NCAA rules and regulations. I understand that failure to provide accurate information on this form, or failing to abide by the terms and conditions of this request or NCAA rules and regulations may jeopardize the eligibility of student-athletes or may result in a NCAA violation.*

Group/ Agency Authorized Representative Signature	Date
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**SECTION E: INSTITUTIONAL APPROVALS (For University of South Carolina Use ONLY)**

Office of Compliance Services Signature	Approval <input type="checkbox"/> Yes <input type="checkbox"/> No	Date
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Marketing Department Signature	Approval <input type="checkbox"/> Yes <input type="checkbox"/> No	Date
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