University of South Carolina Athletics

Office of Compliance Services

Form 12.1 Donation Request



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

Name of requesting group/agency	Organization Web Address		
Group/Agency Description (check one) - must provide proof of 501	(c)3 status Tax Identification Num	ber	
☐ High School ☐ K-8 School ☐ USC Group ☐ Charitab	le Group Commercial Entity		
☐ Other (please provide explanation):		_	
Contact person for requesting group/agency	Contact E-mail Address		
Address (street, city, state, zip)	Phone # Fax #		
SECTION B: DONATION INFORMATION			
Name of Event Local	tion of Event Date of Event	Date of Event	
	gston autographed baseball (\$75)		
Purpose for requesting the donation? Will the donation result in money being raised? Yes No If yes, please describe where the proceeds from the donation will be			
Will the donation result in money being raised? Yes No If yes, please describe where the proceeds from the donation will be SECTION C: NCAA DONATION QUESTIONS			
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Will the donation result in money being raised? Yes No If yes, please describe where the proceeds from the donation will be SECTION C: NCAA DONATION QUESTIONS Please answer the following promotion/donation specific questions: Will funds raised by the donation directly or indirect	distributed: ctly benefit a group?		
Will the donation result in money being raised? Yes No If yes, please describe where the proceeds from the donation will be SECTION C: NCAA DONATION QUESTIONS Please answer the following promotion/donation specific questions: Will funds raised by the donation directly or indirect of the state of the	distributed: ctly benefit a group? □ Yes □ No col or high school booster group? □ Yes □ No		
Will the donation result in money being raised?	distributed: ctly benefit a group? old or high school booster group? n individual? Yes □ No Yes □ No		
Will the donation result in money being raised? Yes No If yes, please describe where the proceeds from the donation will be SECTION C: NCAA DONATION QUESTIONS Please answer the following promotion/donation specific questions: Will funds raised by the donation directly or indirect If yes to #1: Is the group associated with a high school. Will the funds raised directly or indirectly benefit at If yes to #2: Is that individual a high school student.	distributed: ctly benefit a group?		
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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
SECTION E: INSTITUTIONAL APPRO Office of Compliance Services Signature	,	na Use ONLY)
Office of Compilance Services Signature	Approval □ Yes □ No	Date
Marketing Department Signature	Approval ☐ Yes ☐ No	Date