## Texas SouthernUniversity\_

## **CHARITABLE DONATION REQUEST FORM**

Office of Athletic Compliance



Please provide the following information and return completed form to the Athletics Compliance Office by facsimile at (713) 313-1045. Requesting Organization: \_\_\_\_ Address (city, state, zip): Contact Person: Contact's email: Contact's Phone: Requesting Organization is: ☐ A member institution or recognized entity (e.g., fraternity, SGA, etc.) ☐ A non-institutional charitable, educational or nonprofit agency. ☐ A member of the media (e.g., Radio or Television Station) ☐ A member conference Other: \_\_ If a nonprofit organization, will the educational or charitable activities be promoted? Yes No If nonprofit organization, will commercial ventures be promoted? What type of promotional/fundraising activity will be conducted? \_\_\_\_\_\_ What is TSU being asked to provide? \_\_\_\_\_ On what dates is this request needed? Will money be raised? ☐ Yes ☐ No If yes, where (or to whom) will the proceeds go? \_\_\_\_\_\_ If yes, what will the proceeds be used for? Will there be any co-sponsorship of the activity? ☐ Yes ☐ No If ves. by whom? Will there be advertisement or promotion by a commercial agency? ☐ Yes ☐ No If yes, by whom? \_\_\_ (Please attach a sample copy (or description) of the advertisement or promotion) Where will the event take place? \_\_\_\_\_ Will the student-athlete's appearance take place during the playing season? ☐ Yes ☐ No ☐ N/A

Will the student-athlete's appearance (either before or after the event) be promoted or advertised in any

way (name, pictures, etc.)? ☐ Yes ☐ No ☐ N/A

If yes, explain:

In case of an item being sold (auctioned or purchased) which bears the name or image of a student-athlete, the purchaser must agree that the item will not be associated with a commercial venture and will be used as a personal item only.

I understand that the completion of this form does not constitute approval of the request for charitable items. I understand that Texas Southern University is committed to compliance with all NCAA, applicable conference and institutional regulations concerning charitable donations; therefore, I ensure that the student-athlete's appearance or donated item will be used in a manner consistent with NCAA regulations.

| Activity Representative's Signature   | Date                          |
|---|-------------------------------|
| Student-Athlete's Signature (if applicable)   | Date                          |
| For Compliance Use Only:  |                               |
| Name(s) of Student-Athlete(s) involved:   |                               |
|   |                               |
| Will any of the involved student-athlete(s) miss class time Will the student-athlete(s) receive any expenses?  Transportation: Yes No  Meals: Yes No Other Yes No | e due to their participation? |
| Will the student-athlete(s) receive any expenses?  Transportation: ☐ Yes ☐ No  Meals: ☐ Yes ☐ No  | e due to their participation? |
| Will the student-athlete(s) receive any expenses?  Transportation: Yes No  Meals: Yes No  Other Yes No  |                               |