



Donation Request

Return to: Ichabod Shop
Attn: Donation Request
2100 SW College Avenue
Topeka KS 66621
phone:785-670-BOOK fax: 785-670-1109

NOTE: Request for donation must be received at least 7 working days before the event. PLEASE PRINT.

Today's Date: _____ Event Date: _____ Date donation needed _____

Dept / Organization (no abbreviation, please) _____

Contact Name: _____

Phone: _____ E-mail _____

Event Details: Event Title: _____

Location: _____ Estimated attendance: _____

Description of event (purpose, who is attending, etc) _____

To be approved, donations require a direct and specific benefit to the University. Please explain both:

1. The direct benefit to the University. 2. How Ichabod Shop will be recognized as a contributor to the event.

Please describe the type of donation requested in detail: _____

Please attach a formal request letter from your organization or department to this form.

Requestor Signature: _____ Date: _____

Approved: _____ Not Approved: _____ By: _____ Date: _____	OFFICE USE ONLY - Donation Detail	

	_____	Total: _____
FOAPAL _____ Cashier: Please attach a reprint to this form.		