



**DONATION/SIGNATURE REQUEST**

*COMPLIANCE APPROVAL*

Department/Sport Requesting Approval: \_\_\_\_\_

Individual responsible for facilitating the request: \_\_\_\_\_

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**COMPLIANCE:** \_\_\_\_\_ **Approved** \_\_\_\_\_ **Denied**

\_\_\_\_\_  
Compliance Signature

\_\_\_\_\_  
Date



**UNIVERSITY OF WISCONSIN  
MEMORABILIA DONATION & SIGNATURE REQUEST FORM**

Your Name: \_\_\_\_\_ Phone #: Home (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

Home

Work \_\_\_\_\_

Fax (\_\_\_\_\_) \_\_\_\_\_

Name of Organization you are representing: \_\_\_\_\_

\_\_\_\_\_

What specifically are you requesting? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If the donated item or the signature on the item will be used to raise funds for an event, who would benefit from these raised funds? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If children and/or young adults would be beneficiaries of the raised funds, please include the grade of classes of the children/young adults: \_\_\_\_\_

\_\_\_\_\_

YOUR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_