All donation requests must be received no later than 10 business days prior to program/event date.



DONATION REQUEST FORM

Organization/Company: _	
Contact Name :	Address:
Email:	Phone Number:
The KU Bookstore will consider do	nation, sponsorship, and event participation on the following criteria:
University of Kansas, support Bookstore's mission of provid	Iniversity of Kansas campus or a student group in good standing with the the University's mission of recruitment and retention, or support the ang academic services and KU merchandise to faculty, staff, students, ats of The University of Kansas.
	ine the dollar value and selection of items given. We recognize that there harities and causes. However, we are not able to honor every request.
Program/Event:	Date of Event:
Date donation needed by:	
Please state the purpose & synd	psis of event: (Attach any relevant documents, flyers, letters, etc.
Bookstore and/or KU Memoria	your event will create positive connections for the KU Unions. If a philanthropic event please also state how this d and identity elements of the KU Bookstore.
Specific items(s) requested for	event: