



Campus Enterprises Donation Request Form

Please fill out form and submit to Campus Enterprises for approval.

Donated requests must be submitted at least three weeks in advance. Thank you.

Classification: (Check One)

Faculty

Staff

Organization Information

Name of Organization: _____

Description of Organization: _____

Mailing Address (If Applicable): _____

Contact Name: _____

Title/Position: _____

Contact Email: _____

Contact Phone Number: _____

Event Information

Name of Event: _____

Date(s) of Event: _____

Number of Attendees: _____

Event Description: _____

Will this event have food? (Check One) Yes No

If yes, will Sodexo/Flavors Catering be used? (Check One) Yes No

Has Campus Enterprises donated to this event in the past? (Check One): Yes No

If yes, please provide year(s) and/or amount(s) of past donations: _____

Type of Request: (Check One and Specify)

____ Door Prize: _____

____ Gift Card/Certificate: _____

____ Pepsi Products

Product Description	Quantity/Cases

Assorted Drinks: Pepsi, Sierra Mist, Mt. Dew, Dr. Pepper, Crush, Lipton Tea, etc.

*Diet options are available

Recognition

How will Campus Enterprises be recognized? (Check One)

___ Spoken acknowledgement at event

___ Acknowledgement and/or logo placement on event materials (flyer, signage, event program, etc.)

___ Acknowledgement and/or logo placement in other communications (newsletter, radio, etc.)

___ Acknowledgement and/or logo placement on website or social media

___ Other (Please Specify)

Approval: _____
Associate Vice Chancellor for Campus Enterprises/ Date