DONATION/DISCOUNT REQUEST FORM

STUDENT _______ FACULTY _______ STAFF _______ OTHER _______ (check one)

ORGANIZATION/DEPARTMENT NAME: _____________________________________________________

CONTACT NAME: ______________________________________________________________________

CONTACT PHONE: ______________________ CONTACT EMAIL: ________________________________

EVENT NAME: _______________________________________________________________________

EVENT DATE: __________________________ EVENT LOCATION: _______________________________

ESTIMATED ATTENDANCE: _______________________

OPEN TO THE PUBLIC? YES _______ NO ________ (check one)

FUNDRAISER? YES _______ NO ________ (check one)

WHAT IS THE PURPOSE OF THE EVENT FOR WHICH THE DONATION/DISCOUNT IS REQUESTED?

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WHAT IS THE REQUEST? (Please be specific indicating product or service requested, dollar amount or value, in-kind exchange, full or partial discount, etc.)

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PLEASE DESCRIBE THE VALUE OF YOUR REQUEST TO THE UNIVERSITY - WHY SHOULD AUXILIARY SERVICES APPROVE THIS DONATION/DISCOUNT REQUEST?

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RESPONSE NEEDED BY: __________________________________________________________________

PLEASE SCAN AND EMAIL TO AUX@IUPUI.EDU or FAX TO 317-278-8176

FOR OFFICE USE ONLY: APPROVED DISAPPROVED DATE: _______ INITIALS: _________