SHOCKER STORE
OFFICIAL STORE OF WICHITA STATE UNIVERSITY

CHARITABLE DONATION REQUEST FORM

All of the following information is required in order for the WSU Shocker Store to consider your request.

Organization: _____ Today's Date: _____

Organization's Contact Person: _____ Title: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Contact person's relationship to the organization:
☐ Employee ☐ Volunteer ☐ Paid Worker ☐ Fund Raiser

Please make sure your proposal includes the following information:
1. A description of your organization, including its mission and major accomplishments.
2. A copy of the letter from the IRS stating your organization's 501(c)(3) status, if applicable.
3. A list of key staff and titles and current Board of Directors including officer status, if applicable.

What services are rendered by your organization? _____
_____

How will this donation be used? _____
_____

What kind of advertising/signage and recognition will the WSU Shocker Store receive, if any? _____
_____

Why type of contribution are you seeking? (check one)
☐ WSU Shocker Store gift card $_____
☐ WSU Shocker Store merchandise – desired items: _____
_____

By what date do you need the contribution? _____
Please submit complete proposals no less than 30 days before contribution is needed.
Incomplete or late proposals may not be considered.

Does your organization do business with the WSU Shocker Store?
☐ Yes, please describe how: _____
☐ No

Please check all the following Wichita State University Offices you have contacted for donations:
☐ President's Office ☐ Alumni / Foundation
☐ ICAA / Athletics ☐ Strategic Communications

*Within 30 days following the event, please provide a letter or program showing how funds were used
and the benefits the WSU Shocker Store received.*

Internal Use Only
Req. #: _____ Date of Review: _____ ☐ Approved ☐ Denied
Conditions: