



GEORGIA TECH COMPLIANCE OFFICE
Charitable Donation / Autograph Request Form

Charity Name: _____ Phone No: _____

Contact Name: _____ Fax No: _____

Contact Email Address: _____ Organization Website: _____

Address (Street, City, State, Zip): _____

Request for Signature (item to be signed must be provided): _____

Request for Donation (other than autograph): _____

Use of Request ☐ Charitable ☐ Educational ☐ Institutional ☐ Personal Use ☐ Other

Please include a letter on organizational letterhead describing the event. If requesting a donated item please note how the money raised from the donated item will be used.

For Fundraising Events please answer ALL questions below:

Name of Fundraising Event: _____

Date/Time/Location of Fundraising Event: _____

How will proceeds be used? _____

How will the event be advertised? _____

Will the funds from the event directly or indirectly benefit any student that is prospect aged (9th-12 grade)?

☐ Yes ☐ No

The donated/autographed item(s) may not be given / sold at a discount or auctioned to any prospective student-athlete and the proceeds may not be used to benefit or assist any high school or local sports program composed of prospect aged individuals. The Georgia Tech Athletic Association does not accept requests for individual student-athlete autographs.

I have read this Charitable Donation Request Form and have included a letter describing the event.

Signature of Charity Contact Title Date

Georgia Tech Athletic Association Compliance
150 Bobby Dodd Way, N.W. Atlanta, Georgia 30332-0455
Phone: 404-894-0416 Fax: 404-894-4265

For GTAA Use

☐ May provide signature/donation ☐ May NOT provide signature/donation

Compliance Approval Date