Jackson State University/Follett Bookstore

DONATION REQUEST FORM

All request(s) must be received TEN (10) working days prior to the date of the event. NO EXCEPTIONS!

Today's Date:_____

Person Requesting: _____Person Picking-up:_____
Signature Required

Department Name:_____

Phone Number:_____ Fax Number: _____

Name of Event:_____Date of Event: _____

SELECT DONATION TYPE:

O Apparel	O Headgear	O Novelty Items *(mug, key rings, signature items, etc.)*
O Gift Cards	O Gift Basket	O Shopping Bags
O Balloons	O Promotional Items *(JSU pens, pencil, folders, etc.)*	O Other _____

Special Instructions:

_____

_____

Total Cost of Donation: $_____ **Approved:** _____
Manager, Follett Higher Education Group

_____Approved:_____ Date:_____
Contractual Services

_____Disapproved: _____ Date:_____
Contractual Services

Comment(s):_____

_____

Please complete this form and email to: alcinia.pugh@jsums.edu or jeannette.chase.price@jsums.edu. Or print and fax to 601-979-1567.

Filename: Donation Request Form, August 2007