Donation Request Form

Date of Event: _____________________________ FORM DUE 7 DAYS PRIOR!

Club/Organization Hosting Event: ___________________________________________________________

Contact Name & Phone Number: ___________________________________________________________

THE DONATION REQUEST FORM IS AN ADDENDUM OF THE FOOD WAIVER POLICY. IN ORDER FOR A DONATION REQUEST TO BE CONSIDERED FOR APPROVAL, A FOOD WAIVER MUST BE FILLED OUT AND SUBMITTED WITH IT.

A donation request form is for food items only and may only be used at the above listed event. The donation must come from a retail food establishment with a valid health permit. If a donation is in a monetary form, the moneys donated must be used to purchase food products needed for the event from Campus Catering per Campus Administration Manual section 241. It states: “Campus food sales/service and related facilities are the exclusive privilege of the Corporation. The Corporation is assigned this responsibility by the University to facilitate adherence to applicable policies, ordinances, and laws, and for the continuity of the total food service program from the University Community.”

Campus Dining requests the following information to assist them in making a final decision regarding this matter. Thank you for your cooperation.

Name of Donating Business: ______________________________________________________________

Address of Donating Business: ____________________________________________________________

Business Contact: ____________________________________________________ ____________________

<table>
<thead>
<tr>
<th>ITEMS</th>
<th>VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Your organization has requested that the Corporation Campus Dining waive its exclusive privilege to provide food services for the event listed.
Corporation Campus Dining’s exclusive privilege to provide campus food sales and service is authorized by
Campus Administration Manual, Section 241. It is not generally the policy of the foundation and the University to
waive this privilege. This donation request may be issued ONCE PER QUARTER, PER CLUB OR
ORGANIZATION ONLY.

In evaluating this Donation Request, Campus Dining utilizes the following criteria:

1. The donation request is from a bona fide University/Student department, organization, or ancillary entity
   for a University related function.
2. The nature and extent of the event’s food service requirement cannot be provided by Campus Dining.
3. Campus Dining does not elect to provide the event’s food service requirements.
4. The donating company may not receive advertising, tickets, or special arrangements in exchange for food.

It is not the policy of Campus Dining to waive the exclusive privilege in order to save the sponsor costs to hold the
event.

If approved, your signature below will:

- Make the waiver effective
- Acknowledge the responsibility of your organization to comply with applicable health and safety
  regulations for the event
- Verify that your organization assumes full responsibility for any loss, damage, or injury resulting from any
  food-related activity or conditions
- Hold the Foundation harmless from any liability for losses resulting from said event
- Confirm that the organization shall not use this waiver approval as a reason for any future or other event.

This Donation Request, if approved, is not effective unless and until a responsible office of, and an advisor to, the
sponsoring organization sign, date and return this notice to the Catering Sales Office.

______________________________________________________________           ____________________
Advisor’s Signature/Phone Number                                                     Date

______________________________________________________________          ____________________
Organization’s Representative Signature/Phone #                                      Date

APPROVED/DENIED BY CAMPUS DINING ___________________________  DATE ___________