



## **Request for Charitable Contribution**

Date of Request: \_\_\_\_\_

### **Student Organization Making this Request**

*(must have an agency account)*

Name of Organization: \_\_\_\_\_

Department ID: \_\_\_\_\_ Fund: \_\_\_\_\_

### **Charitable Organization Receiving Donation**

Name of Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

### **Donation Information**

Amount of Donation: \$ \_\_\_\_\_

Purpose for this Donation/Contribution: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Student Organization Approval**

Date Approved by the Membership or Executive Committee: \_\_\_\_\_

\_\_\_\_\_  
*Signature & Title (President/Secretary)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Advisor*

\_\_\_\_\_  
*Date*

*Please return this form to the Dean of Students Business Office in Tate Student Center or email to [DOSBO@uga.edu](mailto:DOSBO@uga.edu).*