



Request for Charitable Contribution Agency Accounts Only

Date of Request: _____

Student Organization Making this Request

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

*Please return this form to the Student Affairs Business Office in Tate Student Center or email to
SABO@uga.edu*