Donation Request Form for Not-For-Profit Organizations

1. Organization Name:_________________________________________________________
2. Address:__________________________________________________________________
3. Contact Person:____________________    Organization Title:________________________
4. Email Address:_____________________________________________________________
5. Phone Number:______________________    Fax Number:__________________________
6. Event donation is requested for:______________________________________________
7. Date of Event:________________________     *Estimated date of pickup:_______________
8. Tax Exempt Number:__________________
9. What programs and/or services does your organization provide? _____________________
   ___________________________________________________________________________
10. Approximately how many individuals does your organization serve? _________________
11. Have you requested donations from Southeastern in the past? ☐ Yes ☐ No
12. Please list items your organization is currently requesting:________________________
    ___________________________________________________________________________
13. Generally, Southeastern cannot provide delivery of donated goods. Can your organization arrange for pick-up? ☐ Yes ☐ No

Instructions
• * Requests must be made at least (2) weeks prior to estimated pickup date.
• A "Waiver of Liability" form must be signed at the time items are picked up.
• If you are submitting a request, the "Waiver of Liability" form must be signed when picking up items.

Office of Public & Governmental Affairs
SLU 10784, Hammond, LA  70402
Tel: (985) 549-5861; Fax: (985) 549-3291
pga@selu.edu

Regular Office Hours: 7:30 a.m. to 5:00 p.m. (Monday thru Thursday)
7:30 a.m. to 12:30 p.m. (Friday)
Summer Hours: 7:00 a.m. to 5:30 p.m. (Monday thru Thursday)
Receipt and Waiver Form

_____________________________________ Not-for-Profit Name (Recipient)

_____________________________________ Address

_____________________________________ City, State, Zip Code

_____________________________________ Organization Representative

Recipient hereby acknowledges receipt from Southeastern Louisiana University (hereinafter referred to as the “University”) of the items described in the attached document (hereinafter referred to as “Equipment”) as of the date noted below. The University is a not-for-profit education corporation and is providing the Equipment to not-for-profit Recipient in such capacity and at no charge. Recipient voluntarily accepts the above equipment “AS IS” and is solely responsible for any and all costs associated with the removal of the equipment from the University.

THE UNIVERSITY MAKES NO REPRESENTATIONS OR WARRANTIES WHATSOEVER, EXPRESSED OR IMPLIED, WITH RESPECT TO THE EQUIPMENT PROVIDED HERE UNDER INCLUDING, BUT NOT LIMITED TO, ANY IMPLIED WARRANTIES OF FITNESS FOR A PARTICULAR PURPOSE, MERCHANTABILITY, NONINFRINGEMENT OR OTHERWISE. FURTHERMORE, IN NO EVENT SHALL THE UNIVERSITY BE LIABLE FOR DIRECT, INDIRECT, SPECIAL, CONSEQUENTIAL, INCIDENTAL OR PUNITIVE LOSS, DAMAGE OR EXPENSES ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT, INCLUDING BUT NOT LIMITED TO RECIPIENT'S USE OF THE EQUIPMENT OR REMOVAL OF THE EQUIPMENT FROM THE UNIVERSITY'S PREMISES, WHETHER BASED ON BREACH OF CONTRACT OR TORT (INCLUDING NEGLIGENCE).

Recipient hereby releases and discharges the University from any liability or responsibility for any injury(including death), and for any damage to or loss of property, however caused, that it may suffer as a result of or in connection with the Equipment, including, without being limited to, injury, loss, or damage that may result from or arise out of or in connection with the negligent acts or omissions of members of the faculty or administration or other employees or agents of the University. Furthermore, Recipient shall indemnify the University and hold it safe and harmless from and against any and all liability, claims, causes of action, and costs of whatsoever kind and nature including, without being limited to injury, damage, loss including death, resulting from, arising out of, or occurring in connection with this agreement, including but not limited to, the use or removal of the Equipment from Southeastern Louisiana University premises.

_____________________________________ Received By

_____________________________________ Date

_____________________________________ Office of Public & Governmental Affairs

Representative

_____________________________________ Date

Office of Public & Governmental Affairs
SLU 10784, Hammond, LA 70402
Tel: (985) 549-5861; Fax: (985) 549-3291
pga@selu.edu

Regular Office Hours: 7:30 a.m. to 5:00 p.m. (Monday thru Thursday)
7:30 a.m. to 12:30 p.m. (Friday)
Summer Hours: 7:00 a.m. to 5:30 p.m. (Monday thru Thursday)