



Kansas City Mavericks

Donation Request Form

19100 East Valley View Parkway, Independence, MO, 64055

Kansas City Mavericks Official Donation Request Policy

The Kansas City Mavericks donate autographed items and team merchandise to non-profit groups in the Eastern Jackson County area to aid in their fundraising efforts.

If your organization would like to submit a request for a charitable donation, please review the following requirements before submitting your request:

- Donation requests must be made through the official donation request form. Forms that are incomplete or contain errors will not be accepted or considered for fulfillment. Donation requests must be mailed to:

Attn: Donation Request
19100 East Valley View Parkway
Independence, MO 64055

- Donation requests must be received by the Kansas City Mavericks office at least thirty (30) days prior to your organization's event.

- Your organization must serve the Eastern Jackson County area and/or surrounding regions. The Mavericks place priority on fulfilling requests to charities that serve the communities where our employees, fans, and partners live and work.

- The Mavericks **DO NOT** ship donations. A representative from your organization must be able to pick up fulfilled donations requests at Silverstein Eye Centers Arena at a predetermined time. Donations that are not picked up in the allotted time frame (communicated upon approval of the donation request) are automatically forfeited by the organization unless otherwise arranged between the Kansas City Mavericks and the recipient organization/charity.

- Submitting a donation request **DOES NOT** guarantee your organization will receive a donation from the Kansas City Mavericks. Please do not attempt to check on the status of your donation request by contacting the team offices. You will be notified via the contact information provided in the form below when your donation request has been received and if your request has been fulfilled.

- Due to high demand, organizations and charities are limited to one donation request per calendar year.

- Questions? Please email donations@kcmavericks.com.

Organization Name: _____

Organization Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ - _____ - _____

Tax Exempt #: _____

*Please attach 501c3 documentation to this donation request. Proof of 501c3 must be provided in order for donation request to be considered for fulfillment.

Contact Name: _____

Contact Telephone: _____ - _____ - _____

Contact Email: _____

Event Date: _____

Event Name: _____

Event Location: _____

Event Description: _____

Item to be used for: Door Prize/Live Auction/Silent Auction/Raffle/Other: _____

Additional Comments: _____