

2016-17 NCAA Division II Make-A-Wish® Fundraising Campaign Contribution Form

Name of Individual Submitting Funds: _____

Phone: _____

E-Mail Address: _____

Name of Institution: _____

Name of Conference: _____



Name and Description of Fundraising Event	Date	Total Funds Raised and Submitted
GRAND TOTAL =		

For all funds being submitted, please make sure that the checks and money orders are **made payable** to the **NCAA** or **Make-A-Wish®**.

In addition, please include this Form with your funds to ensure that your institution or conference is credited with the proper amount and retain a copy of this Form for your records.

Send all documents to: Mark Strothkamp
Associate Director of Enforcement
NCAA
P.O. Box 6222
Indianapolis, Indiana 46206-6222