

SPARTAN POINTS

Request for Review



ID# (found on Spartan Points statement): _____

Name: _____

Address: _____

City, State Zip: _____

Spartan Fund provided point total: _____
(found on Spartan Points Statement)

Please return to:

Request for Review
Spartan Fund
550 S Harrison Rd
East Lansing, MI 48823

- or -

fax to:
(517) 432-6219

Patron calculated point total:

Consecutive Years as a Season Ticket Holder in your name

| Sport | Years of Purchase | Point Value | Points |
|--------------------|-------------------|--------------------|--------|
| Football | _____ | 3/consecutive year | _____ |
| Men's Basketball | _____ | 3/consecutive year | _____ |
| Women's Basketball | _____ | 3/consecutive year | _____ |
| Ice Hockey | _____ | 3/consecutive year | _____ |
| Volleyball | _____ | 3/consecutive year | _____ |

Consecutive Years as a Spartan Fund Member

| Criteria | Years as a Member | Point Value | Points |
|-------------------------|-------------------|--------------------|--------|
| Spartan Fund membership | _____ | 2/consecutive year | _____ |

Donation Priority Points

| Criteria | Dollar Value | Point Value | Points |
|--|--------------|----------------|--------|
| Lifetime Giving to Athletics | _____ | 1 pt / \$100 | _____ |
| Lifetime Giving to University ¹ | _____ | 1 pt / \$1,000 | _____ |
| Irrevocable Planned Gift to Athletics ² | _____ | 1 pt / \$1,000 | _____ |

¹ Lifetime Giving to the University represents total giving to MSU entities other than athletics

² based on allowable charitable deduction

Total Spartan Points _____

Signature _____ Date _____

Please attach any necessary documentation (payment receipts , bank statements, etc.) for proof.