

**Missouri State University**  
**Donation Request Form**

*Department of Theatre and Dance*

901 South National Springfield, MO 65897 417-836-4400 Fax: 417-836-4234



Name of organization: \_\_\_\_\_

Name of contact person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Event:**

Date of event: \_\_\_\_\_ Projected Attendance \_\_\_\_\_

Description of event: (please attach any supporting documentation that provides details- e.g., flyers, brochures, pamphlets)

**Requested Donation:**

Please check one: ☐ *MSU Mainstage Performance Vouchers (2)*  
☐ *Tent Theatre Performance Tickets (2)*  
☐ Other: \_\_\_\_\_

**Item to Be Used For:**

*(Prize, Raffle, Live Auction, Silent Auction, etc.)*

**Recognition:** If the request is approved what type of recognition will occur?

*(eg. Public Announcement, Program Listing, Name Displayed, Advertisement Space, etc)*



Signature of Contact

Title

Signature of MSU Theatre & Dance Representative

For Office Use Only: ☐ Approved ☐ Denied Initials \_\_\_\_\_ Date \_\_\_\_\_

Items Donated: \_\_\_\_\_