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  ___________  Date________

Items Donated: ____________________________________________________________