



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: _____