## Missouri State University Bookstore Donation/Sponsorship Request Form

Missouri State University Bookstore: Where all profits are reinvested to support Missouri State student, facilities and programming.

| NOTE: Request for dona                          | ntions/sponsorship mu      | st be received at least seven | (7) business days before the event.   |
|---|----------------------------|-------------------------------|---|
| Today's Date:                                   |                            | Event Date:                   |   |
| Name of Organization (no abbreviations please): |                            |                               |   |
| Contact Name:                                   |                            |                               |   |
| Phone:  | Email:                     |                               |   |
| Event Title:                                    |                            |                               |   |
| Location:                                       |                            | Estimated attendance          | at event:   |
| Description of event (Pu                        | urpose and who is atter    | nding):                       |   |
|   | nefit to the University Bo | ·                             | efit to the University. Please briefly<br>w the University Bookstore will be  |
| Merchandise or Items F                          | Requested: (indicate lev   | rel of support)               |   |
| Date requested donation                         | n/sponsorship needed       | by:                           | Return to: Missouri State University University Bookstore Springfield, Mo 65804 Phone: (417) 836-5403 Fax: (417) 836-6876 |
| For Office Use Only                             | Spon.                      | Donation Cont                 | rol Number:   |