



"Creating an excellent college experience"

Donation Request Form

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Name of Event _____ Event Date: _____

Time: _____ Location: _____ Number of Expected Participants _____

Organization _____

Contact Person _____ Phone _____

Email _____

Description of Event (Be Specific)

Please list the specific items and quantities you are requesting to be donated

If approved, you will be expected to list Dining Services as a sponsor on all advertising before and during your event. You will be emailed a logo to use upon approval.

Please describe in detail how you will recognize our sponsorship?

Are you charging a fee for this event? Yes No If Yes how much? _____

Please complete and return to the Dining Services Office located in TSC room 232 **no later than the third Tuesday of the month BEFORE** the date of the event.

Requests are evaluated on first come, first served basis.

Please initial here _____ that you have read and understand the Dining Services donation policy.

The policy can be found online at www.usu.edu/dining/htm/donations

Office use only

Date Received: _____ Received By _____

Event Follow-up notes: _____
