



university of arkansas.
bookstore

DONATION REQUEST

Return via email to:
University of Arkansas Bookstore
Marketing Department
Attn: BJ Elkins
belkins@uark.edu
Phone: (479) 575-5491

NOTE: Request for donations must be received at least 7 working days before the event.

Today's Date: _____ Event Date: _____

Name of Organization (no abbreviations please): _____

Contact Name: _____

Phone: _____ E-mail: _____

Event Details: _____

Event Title: _____

Location: _____ Estimated attendance at event: _____

Description of event (Purpose and who is attending): _____

To be approved, donations require a direct and specific benefit to the University. Please explain 1) the direct benefit to the University and 2) describe how the Bookstore will be recognized as a contributor to this event:

Level of support being requested: _____

Date requested donation needed by: _____

EMAIL THIS FORM TO THE EMAIL ADDRESS ABOVE.

OFFICE USE ONLY

Date Responded: _____

Support Given: _____

Stock out form completed? YES N/A Record and initial

I PICKED UP THE ABOVE ITEM(S) FOR MY ORGANIZATION:

Print Name: _____ Signature: _____ Date: _____