



UNIVERSITY OF MINNESOTA

For office use only:
Application # _____
Date turned in _____
Date of needed donation _____

University of Minnesota Dining Services Application for Donation Form

Please return completed application through e-mail to **udsdonat@umn.edu**

You must complete this form to be eligible for a donation.

Applications must be received at least fourteen (14) days prior to the event.

INFORMATION

Please fill out the contact information for your student organization.

Name of one Contact Person		
Name of Student Group/Group ID #		Date of Event
Street Address		
City	State	Zip
Phone Number		E-mail

DONATION REQUEST

Please specify what you would like for an M Dining donation.

Name/Description of Event	
Number of people participating in event	Location of Event & Time Donation pick up location:
Communication plan at event about M Dining's donation	
Food Requested	
Drinks Requested	
Items for Prizes Requested (Note: Prize availability varies and we may not be able to honor all requests.)	