DONATION REQUEST FORM
(Please allow at least two (2) weeks to process your request. Also, please refer to our Donation Policy located on our web page; gbpac.com/donations, to determine whether you are eligible.)

Name of Event: ____________________________________________________________

Date of Event: ____________________________________________________________

Organization: ____________________________________________________________

Contact Name: __________________________________________________________________

Address: __________________________________________________________________

City/State/Zip: __________________________________________________________________

Email: __________________________________________________________________

Phone: __________________________________________________________________

Description of how this donation will be used at event:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Please email completed form to: gbpac@uni.edu or mail it to:

Donations
Gallagher Bluedorn Performing Arts Center
8201 Dakota Street
Cedar Falls, IA 50614

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