



MSU Dairy Store

Donation Request Application

Group/Organization Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Phone: _____ Email: _____

Title of Event: _____ Date of Event: _____

Description: _____

Beneficiaries of Event: _____

Type and Quantity of Donation Requested: _____

Application Signature: _____ Date: _____

****Please email completed form to: msudairystore@anr.msu.edu**
Donations will be awarded two weeks prior to the start of the month in which the event is held.**

MSU Dairy Store Use Only:

Status: _____ Type/Quantity: _____ Date: _____ Initials: _____