

**Desert Dance Theatre's  
LEGACY: 35th Anniversary & Tribute to Marion Kirk Jones  
Tempe Center for the Arts  
June 12-13, 2014**

**DONATION AGREEMENT FORM  
PLEASE PRINT**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email/Website: \_\_\_\_\_

**Description of Donation (Please be specific, give restrictions, etc.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Value: \$ \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Fundraising Committee use only. DDT Solicitor: _____ Donation Item #: _____ Tax Receipt Sent: _____
--



desert dance theatre

P.O. Box 25332 • Tempe, AZ • 85285-5332 • Phone 480-962-4584 • Fax 480-962-1887