**Wolf Trap Foundation**

**2018 Filene Center**

**Ticket Donation Program Request Form**

**for Nonprofit Organizations**

**This form will be accepted from November 1, 2017 until January 31, 2018**

**PLEASE READ THE DONATION POLICY BEFORE COMPLETING THIS APPLICATION.**

Requests must be made in writing using this application form. Please complete and email this application to donationrequest@wolftrap.org.

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| **Requesting Organization:** |  |
| **Name of Event:** |  |
| **Your Event Date(s) and Time:****(Your event must occur between March 18 and August 12, 2018 to be eligible)** |  |
| **How will event funds raised be used - who do they benefit?** |  |
| **Non-Profit Tax I.D. #:** |  |
| **Contact Name:** |  |
| **Mailing Address:** |  |
| **Phone:** |  |
| **Email:****(required for contact and ticket certificate delivery if your organization is selected)** |  |
| **Additional Comments:** |  |

***By completing this form, you agree to comply with all policies and guidelines as established by Wolf Trap Foundation for this program****.*