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TICKET DONATION PROGRAM REQUEST FORM

FOR NONPROFIT ORGANIZATIONS

Please complete and email this application to [donationrequest@wolftrap.org](mailto:donationrequest@wolftrap.org).

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| **Requesting Organization:** |  |
| **Non-Profit Tax I.D. #:** |  |
| **Your Event Name:** |  |
| **Event Date and Time:**  **(Due to processing time, the event must occur six weeks from now or thereafter to be eligible)** |  |
| **Number of Guests expected:** |  |
| **What is the fundraising goal for this event, and how will funds be used; who do they benefit?** |  |
| **Where will Wolf Trap Foundation for the Performing Arts be listed as a donor to this event?** (printed program, signage, webpage, etc.) |  |
|  |  |
| **Contact Name and**  **Mailing Address:** |  |
| **Phone:** |  |
| **Email:**  (required for contact and ticket certificate delivery if your organization is selected) |  |
| **Are you currently a donor or partner with Wolf Trap Foundation?**  **🞎 YES 🞎 No** |  |
| **Please share your relationship, if any, to Wolf Trap Foundation staff or Board members.** |  |
|  |  |
| **Venue Preference**  **for the donated tickets**  (please note season dates) | **The Filene Center**  (Summer outdoor amphitheater, end of May through September)  **Children’s Theatre-In-The-Woods**  (June and July, great for families and small children)  **The Barns**  (Intimate indoor venue, October to the following April) |
| **Additional Comments:** |  |

***By completing this form, you understand and agree to comply with all policies***

***at wolftrap.org/support/corporate/ticket-donation.aspx***