DONATION REQUEST FORM

PLEASE PRINT

- Requests should be submitted at least 4-6 weeks in advance of an event to allow time for review.
- Tickets will be issued; we do not authorize monetary donations.
- Due to the large number of requests we receive, the Paramount Theatre – Cedar Rapids is unable to guarantee a response to all donation requests.
- No phone calls please.

Today's Date: _____/_____/_____

ORGANIZATION INFORMATION

_____ _____ _____
Name of Organization | EIN / Tax ID # | 501 © 3 Status

_____ _____ _____ _____
Mailing Address | City | State | Zip Code

(_____) _____ _____ _____
Organization Phone Number | Organization Website | Organization Email Address

_____ _____
Name of Contact | Title or Relationship to Organization

(_____) _____ _____
Contact Phone (if different) | Contact Email Address (if different)

EVENT INFORMATION

_____ _____/_____/_____ _____ _____
Name of Event | Date of Event | Time | Place of Event

_____
Purpose of the Event

_____
How will the proceeds from the event be used?

_____
How will the tickets donated from the Paramount Theatre be used?

_____ _____ _____/_____/_____
Area/Community the event will serve? | Expected Number of Attendance | Request Deadline

_____
In what ways will the Paramount Theatre be recognized for its donation?

Submit this Completed Form to:

Paramount Theatre
Attn: Donations
123 Third Ave SE
Cedar Rapids, IA 52401

OR

Email: info@paramounttheatrecr.com

Fax: (319) 362-2102

FOR PARAMOUNT THEATRE USE ONLY

_____/_____/_____ _____ $_____ _____ _____ Notes _____
Date Received | Authorized By | Donation Value | Event Name | # of Tix | _____