

DONATION REQUEST FORM.

Please complete the following:

Contact Information

Name of Charity _____

Name of Company Organising the Charity Event (if different to above): _____

Address: _____

City: _____ State: _____ Postcode: _____

Contact name: _____

Tel: _____ Fax: _____

Mobile: _____ Email: _____

Event Details

1. Name of Charity Event: _____

2. Date of Event: _____ (we require at least 4 weeks notice of your event)

3. Location of Event _____

4. Short Description of Event _____

5. Estimated Number of Attendees _____

Additional Information

6. Are you a not for profit registered charity? YES __ NO __

7. If yes, please provide charitable registration number. _____

8. May we contact you to request a reciprocal donation for use at one of our upcoming fundraising events? YES __ NO __

9. If yes, when do you require confirmation? _____

10. Will you acknowledge the Ensemble Theatre in any of your printed materials (programmes/advertising etc)? YES __ NO __

11. Has your organisation received a ticket donation from the Ensemble Theatre in the past 12 months? YES __ NO __.

Please submit your completed form to:

Victoria Wildie,

Ticket Donations,

78 McDougall St,

KIRRIBILLI, NSW 2061.

Or fax to (02) 9954 4722.

Thank you for your request. Only those requests accepted will be contacted.