



DONATION REQUEST FORM

Name of Non-Profit Organization: _____

Charitable No. _____

Contact Name: _____ Phone: _____

Email: _____ Fax: _____

Mailing Address: _____

Postal Code: _____ Organization's Website: _____

EVENT INFORMATION

Event Name: _____

Event Date: _____ Event Location: _____

Confirmation Deadline (*please provide a minimum of 4 weeks notice*): _____

Have you received a donation from the Sid Williams Theatre Society within the last year? Yes No

If yes, what was the date: _____

and name of the event: _____

DONATION VALUE

Please specify donation value requested: _____

LETTER

Please attach a letter that describes the following:

- the event
- purpose of your organization
- how the donation will be used at your event
- how the Sid Williams Theatre Society will be acknowledged
- any other relevant information

Please submit your Donation Request Form and letter to the theatre:

Attention: General Manager
Sid Williams Theatre Society
442 Cliffe Avenue, Courtenay, BC V9N 2J2

Given the large number of requests, ticket donations are limited.

A written response will be provided to all rejected requests for a donation over a \$200 value.