* Please fill out as much information as possible for us to consider your donation request.

**Please note: requests for donations submitted less than 45 days prior to your event may not be considered due to time constraints.**

Approved requests will receive one Complimentary Family Membership for your organization’s silent auction or raffle by mail within 30 days.

Due to the number of requests we receive, the Art Museum does not accept inquiries about submitted requests.

* Group/School Name \*



* 501(3)(c) non-profit? \*

 yes no

* If so, Tax ID number



* Contact Name \*



* Street Address \*



* City \*



* State \*



* Zip \*
* Phone Number \*

  -Area Code Phone Number

* E-mail Address \*

* Location of Event/Fundraiser (In an effort to better support our community, we only accept requests within a 150 mile radius of the Art Museum.) \*



* Would you like more information about the possibility of hosting your next group or school event at the Art Museum? \*

 Yes No

* In 50 words or less, please describe the purpose of your event and why your donation request should be honored. \*



* If you have a scheduled event, please provide the event date (Please submit your donation request at a minimum of 45 days prior to your event to be considered.) \*

  -Month   -Day Year Pick a Date

* Submit Form