



Gilda's LaughFest  
March 7-17, 2019

**Ticket/Merchandise Donation Request Form**

**Requesting Organization Information**

Organization Name: \_\_\_\_\_

Org Tax ID #: \_\_\_\_\_

Contact Name & Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Items Requested: \_\_\_\_\_

Date Needed: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mission & Purpose of Organization:

**All request forms must be accompanied by a request letter noting date, time and purpose of fundraising event or activity on the organization's letterhead.**

\_\_\_\_\_  
*Requester's Signature* *Date*

**LaughFest Approval**

Approved - Item(s) donated: \_\_\_\_\_ Value: \_\_\_\_\_

Rejected

Comments:

\_\_\_\_\_  
*LaughFest Director Signature* *Date*