



Gilda's LaughFest
March 5-15, 2020

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*