

All fields are required. Application could be rejected if information is left blank. Please email completed form to boxoffice@mayoarts.org (put DONATION REQUEST in subject field), or fax to (973) 753-0344.

Please verify that your fundraising event will be taking place within the next six months. If not, your request will be denied and you will not be able to reapply this year. Please allow one month for request to be fulfilled.

Note: Applications are filled on an ongoing basis. Please do not call. You will receive a call or email confirmation upon completion of the donation request.

Name _____ Job Title/Role (Ex. Event Coordinator) _____

Phone (Home) _____ (Cell) _____

Email _____ City _____ State _____ Zip _____

Name of Organization _____

Organization Address _____

City _____ State _____ Zip _____

Organization Phone Number _____

Organization Website _____

Fundraising Event _____

Date of Event (Month/Date/Year) _____

Please describe your organization, including it's mission and the population it serves (you may attach a document.)

Please describe your upcoming event, including who and how many will attend, and how our tickets will be used.

How will the Mayo Performing Arts Center be promoted at this event?

To complete your application, please review and confirm the following statements:

_____ I confirm that I have read and understood the eligibility requirements

_____ I confirm that the tickets donated by Mayo Center will be used to raise funds to support the mission of the organization specified in this application.

Thank you for your cooperation.