



Donation Request Form

Thank you for thinking of The Little Theatre Film Society for your upcoming charitable fundraising event. We proudly support fellow not-for-profit organizations that promote community, cultural, educational, and environmental charitable causes throughout the Greater Rochester area.*

*Please note: * The Little does not grant donations for events that are held for individuals, private families, performance groups, or athletic teams. Educational institution requests for fundraising events directly supporting educational programming will be considered.*

Organization name: _____

Organization website: _____

Organization telephone: (_____) _____

Has your organization received a donation from The Little in the previous calendar year? ___ Yes ___ No

501(c)(3) Status ___ Yes ___ No

Organization mission: *(Check all that apply)*

___ Educational programming provider ___ Child and family services

___ Cultural or community support to the Greater Rochester region

___ Other *(please explain)* _____

Industry: *(Check all that apply)*

___ Animal care

___ Education (PreK - 12)

___ Arts, culture, entertainment

___ Education (Higher-ed)

___ Athletics, recreation, sports

___ Government or municipality

___ Automotive, manufacturing

___ Healthcare, medical services

___ Childcare and/or Eldercare

___ Hospitality/Tourism

___ Communications and publishing

___ Insurance

___ Community Service *(please explain*)*

___ Real Estate

___ Computer, technical, and data

___ Religious

___ Construction/building/trades

___ Retail

* _____

Event details:

Event name: _____

Event location: _____

Event date: _____ Recurring/annual event: Yes No

Request must be received by the first of the month PRIOR to your event date.

Purpose of event is to support: *(Check all that apply)*

Operation and mission of organization Community outreach programs

Educational programs Municipal services

Other _____

Describe event *(e.g. tournament, gala, etc.)* _____

Additional information: _____

If granted, the donation will be used for:

Prize *(door prize isn't allowed)* Raffle prize Auction item

Promotion:

How will event be publicized? _____

Will you require marketing materials?

Hi-res Little logo Hi-res photograph Brochures *(Qty.)* _____

Organization contact information:

Contact person: _____

Phone: _____ Email: _____

Title or affiliation: *(check all that apply)* _____

Employee Board Member Volunteer Committee/Event Chair

Intern Other _____

Street address: _____

City/State/Zip: _____

Mail donation to the above: Yes No *(If no, to whom and where?)*

Prior to submitting your request, please review The Little Theatre's Donation Request Requirements and Guidelines. While we make every effort to support as many requests as possible, due to our own not-for-profit status, we regret it is necessary for us to limit the number of donations we distribute.

Signature: _____ Date: ____/____/_____

Donations will be mailed the second week of the month prior to your event.

Submit your request: Please send requests via email to reception@thelittle.org or print and mail to:

The Little Theatre Film Society
Attn: Donation Request
240 East Ave
Rochester NY 14604

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