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 programing 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?)
_____________________________________________________________________________________

_____________________________________________________________________________________

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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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