EFFINGHAM PERFORMANCE CENTER

DONATION REQUEST FORM

Email completed form to Sheila Braun at sbraun@theepc.org

1. Name of Event: _____
2. Organization: _____

   Organization Address: _____

   Contact Name: _____

   Phone #: _____ Email: _____
3. Date of Event: _____
4. Event Venue: _____
   a. City of Effingham
   b. Effingham County
   c. Outside Effingham County
5. Is this an annual event? If yes, please answer the below:
   a. Number of years event has taken place: _____
   b. Average attendance of past years: _____
6. How many guests do you anticipate will attend this year? _____
7. How will the donation be used (Ex: Auction, Raffle)? _____

Description/Purpose of Event:

_____

_____

_____

_____

****PLEASE ATTACH EVENT FLYER OR OTHER MARKETING MATERIAL ****

FOR OFFICE USE ONLY:

APPROVED: _____ DONATION AWARED: _____

Signature: _____ Date: _____

Sheila Braun, Director of Patron Services