

TICKET DONATION REQUEST

| Organization Inform | ation | | |
|---|--|-------------------------|--|
| Name of Organization | n: | | |
| Address of Organizat | ion: | | |
| Website Address: | | | |
| Contact Person | | | |
| Name & Title | | | |
| Email: | | | |
| Phone Number: | | Fax Number: | |
| Event Information | | | |
| Name of Event: | | | |
| Purpose of Event: | | | |
| Date(s) of Event: | | Expected audienc | e & number of attendees: |
| Family event where a | ticket to a show for childr | en would be appropriate | ? 🗆 Yes 🗅 No |
| Overture Center rec | ognition at your fundrai | ser | |
| | provide a folder of materi any of the following in ac | | ket certificate that are appropriate for a table |
| Media acknowledger | ment (check all that app | ly) | |
| □ Radio | □TV | Newspaper | □ Website |
| □ Acknowledgement | in your organization's Bro | ochures/Programs/News | letters |
| Literature Distribution | on at Event | | |
| □ Table tent | ☐ Print brochure | □ Other | |
| Would you be interes | sted in distributing Ove | rture Center materials | at your event? 🗆 Yes 🗅 No |
| Email: info@overture | ecenter.org | | |
| Mail: Overture Center Attn: Ticket Donation 201 State Street Madison, WI 53703 | | | |