Olympia Film Society Donation Request Form

Date: / / (requests must be made within 30 days of event) Organization Name: Organization Federal Tax ID # Organization URL:

Address: City: State: Zip:

Contact Name: Contact Title: Contact Email:

Contact Phone:

Description of services provided and community served:

Name and Description of Event or Activity:

Date of Activity: / / through / /

Anticipated Number of Participants:

Olympia Film Society at the Historic Capitol Theater 416 Washington Street SE# 208 Olympia, WA. 98501 360-754-6670

[www.olympiafilmsociety.org](http://www.olympiafilmsociety.org/)

Email request [~~to: capitoltheater@olympiaf~~ilmsociety.org](mailto:capitoltheater@olympiafilmsociety.org)