



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

Email request to: capitoltheater@olympiafilmsociety.org