Majestic Theatre Donation Request Form

Preferred Delivery Method (Pickup at Theatre / Email / Mail)

Majestic Theatre • Hebron, Nebraska

Please submit at least 30 days before your event. Reviewed monthly by the Arts Council of Thayer County.

Section 1: Contact Information	
Organization Name	Is your organization a nonprofit? (Yes/No)
Organization Website (optional)	Your Name
Email Address	Phone Number
City & State	
Section 2: Event Details	
Event Name	Event Date
Event Location	Expected Attendance (optional)
Purpose of Request (Why are you requesting a donation, and how will it be used?)	
Section 3: Type of Donation Requested	
Donation Type (Gift Card / Gift Basket / Other)	
Requested Value or Amount	

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Section 4: Previous Assistance Have you requested or received assistance from the Majestic Theat	tre before? If yes, describe the event, donation, and
Section 5: Community Impact & Follow-Up How will this donation benefit your event or the community?	
How will the Majestic Theatre be recognized for this donation? (pro-	gram listing, signage, social media, etc.)
Would you be willing to volunteer at the theatre in the future? (Yes/	No/Maybe)
Preferred Method of Communication (Email / Phone / Text):	
By submitting this form, I confirm that the information provided is accurat this request is being made at least 30 days prior to the event.	te and that
Signature:	Date: