

Athens Movie Palace

Donation Request Information Form

In an effort to learn more about the donation needs of our community, we ask that you fill out this form to accompany your official letter of request.

Date: _____

Organization: _____

Contact info: _____

Event/Cause: _____

Date of event: _____ When do you need item: _____

Item/Amount Requested: _____

Location of you/your group: _____ Location of your event _____

What is your closest theater distance and time wise: _____

Have you visited the Palace before? _____

If yes, how often do you visit: _____

How many businesses do you contact or plan to contact: _____

What is your goal for this campaign: _____

What other ways can we help? _____