

Thank you for your inquiry regarding a donation from the Schauer Arts and Activities Center for your organization and/or event. **Please read our Donation Request Policy**, before completing and submitting the application.

Donation Request Policy:

The Schauer would prefer that your request be made a minimum of four weeks prior to your event. All requesting organizations must complete the Donation Request Application. The application may be submitted electronically, or you may print a hard copy and mail or fax to the Schauer Arts and Activities Center. Fax No.: 262-670-0937. Mailing Address: 147 N Rural Street, Hartford, WI 53027.

Requestor must be a representative of an organization legally incorporated as a not-for-profit organization with the IRS with 501 (c) 3 status with a state, local, tribal or government agency. An organization may be granted a donation more than one time, however only one request will be honored per calendar year. The Schauer Arts and Activities Center retains the right to deny requests to any organization not meeting these requirements. If you are requesting a donation at the end of our season (April-June) it may be necessary to hold your request until we have events with tickets available - either in the summer or our upcoming fall season. It may be necessary to deny requests through no fault of the requestor, due to a lack of available tickets and/or gift certificates. Filling out the application does not guarantee that the Schauer will be able to fulfill your request.

Only donation requests for tickets, gift certificates or other promotional materials will be accepted. Monetary requests will not be fulfilled.

Donation Request Application

Name of your Organization: _____

Address: _____ City/Zip _____

State Tax-Exempt ID # or FEIN : _____

Title of Event: _____

Purpose of this Event: _____

Event Date(s) & Time: _____ Location: _____

How many people do you expect will be attending this event? _____

How will you be promoting your event? _____

Contact Name: _____ Phone: _____

Contact E-Mail: _____

Name of Person Who Will be Picking Up Donation: _____

(Sorry, due to the high number of requests we receive & to help keep costs down, we do not mail donations.)

Date You Would Like to Pick-Up Donation: _____

Is this an annual event? Yes No

How will you use this donation? Raffle Prize Silent Auction Part of Gift Basket
 Other (please specify) _____

Major Demographic of attendees: Families Single Adult Businesses
 Children
 Other (please specify) _____

Please list any additional information you would like us to know about your event: _____

----- *Please Do Not Write Below* -----

<input type="checkbox"/> Approved	<input type="checkbox"/> Declined
Item Donated: _____	Reason: _____
Value: _____	_____