



DONATION REQUEST FORM

*Completion of this form DOES NOT guarantee
The Eric Carle Museum of Picture Book Art will fulfill the request.*

Name of Organization: _____

Contact Name: _____ Phone: _____

If donation is granted, we may request you to pick up the donation.

Delivery Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

1. This Organization is (please circle one):

EDUCATIONAL ARTS/CULTURE CHARITABLE INSTITUTIONAL

2. Is this organization a 501(c)(3) non-profit agency? YES NO

3. Organization

Description: _____

4. Event Description: (Name, Date, Time, # of people to attend, and purpose)

5. Is this event a fundraiser? YES NO

Who do the proceeds benefit? _____

6. Have you received a donation from us before? YES NO

7. Deadline for receiving the donation item (Six-week minimum):

Please fax this Request for Donation form along with Statement of Purpose
(on Organizations' letterhead) to (413) 658-1139, Attention: DONATION
REQUEST. *No phone calls, please.*