

# CUMMER MUSEUM

## IN-KIND DONATION REQUEST

Requests must be made at least 30 days prior to the event to be considered.

Organization Name:		EIN:	
Address:			
City:		State:	ZIP:
Contact Name:			
Phone:		E-mail:	
Event Name:			Event Date:
Fundraiser Type:	<input type="checkbox"/> Auction	<input type="checkbox"/> Raffle/Drawing	<input type="checkbox"/> Other _____

Please provide a brief description of the event and what funds raised would support:

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Additional Notes:

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Please email this form along with the organization's proof of 501(c)(3) status to [kconrad@cummuseum.org](mailto:kconrad@cummuseum.org). Accepted proof includes an official determination letter, Form 990, or certificate of tax exemption.