

Donation Request Form

We are happy to support local organizations and nonprofits who work for the benefit of children. As we receive several requests for donations every year, we try our best to accommodate with a \$25 gift card to those who complete this form well in advance of their event.

Please complete the following form. Print and mail to: The Original Playhouse 4 W. Main St. New Market, MD 21774

| Name of Organization | | | |
|--------------------------------------------------------------------------------|-----------------|-------------------------|--|
| | | | |
| Address | | | |
| Phone and Email Addres | s | | |
| Purpose of Donation | | | |
| | | | |
| Description of Event | | | |
| | | | |
| Date Donation is needed (we require at least 2 week's notice) | | | |
| Will TOP be able to displ | ay marketing ma | aterials at your event? | |
| Yes | No | Maybe | |
| What is your present connection or involvement with TOP? | | | |
| | | | |
| Please share any additional information that you feel would be helpful for us. | | | |
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