



DONATION REQUEST FORM

PLEASE FILL OUT EACH SECTION BELOW AND RETURN TO THE ATTENTION OF MARILYN STAWIS. THIS FORM (OR THE ELECTRONIC FORM VERSION FROM THE WEBSITE) MUST ACCOMPANY ALL REQUESTS FOR CONSIDERATION. PLEASE ALLOW A MINIMUM OF 30 DAYS FOR EMAGINE/STAR LANES TO PROCESS YOUR REQUEST.

LIMIT ONE (1) REQUEST PER ORGANIZATION WITHIN A TWELVE (12) MONTH PERIOD.

DATE TODAY: _____

DATE OF EVENT: _____

ORGANIZATION NAME: _____

TAX-EXEMPT 501 (c)(3) IRS NUMBER: _____

CONTACT PERSON: _____

MAILING ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

TELEPHONE NUMBER: (_____) _____ - _____

EMAIL: _____

BRIEF DESCRIPTION OF HOW OUR DONATION WILL BENEFIT YOUR ORGANIZATION:

(YOU MAY ATTACH ANY LITERATURE REGARDING YOUR ORGANIZATION &/OR EVENT IF AVAILABLE)

PLEASE CHECK ONE FOR YOUR DONATION OF CHOICE



Email: DONATIONS@EMAGINE-ENTERTAINMENT.COM

Fax: (248) 468-2995

Mailing Address: 44425 W. 12 Mile Rd. Novi, Mi. 48377

Phone: (248) 468-2990 x 107