



Walton Arts Center
life is sweet

Ticket donation request form

Date: _____

Please complete ALL fields before submitting form. Submission options:

Via email: tickets@waltonartscenter.org

Via fax: 479.443.9024 / Via mail: Attn: Box Office, see address below

All requests will be filled at Walton Arts Center's discretion with a PAIR of tickets.

If you have questions or special requests, please contact 479.443.5600.

I respectfully request a donation of tickets for my organization's fundraising event on: _____

Date

Most of the attendees at the event will be _____ (examples: families, couples, etc)

The event is in support of:

Organization name

Address

City, State, Zip

Phone number

Fax number

Federal Tax ID #, if available

My name

My phone number

My email for confirmation purposes

_____ A REPRESENTATIVE FROM MY ORGANIZATION WILL PICK UP THE TICKETS AT THE WALTON ARTS CENTER BOX OFFICE

_____ I WOULD LIKE THESE TICKETS MAILED TO THE ABOVE ADDRESS

_____ PLEASE MAIL TO A DIFFERENT ADDRESS (see below)