



**Cleveland
Cinemas**
6200 SOM Center Road #C20
Cleveland, Ohio 44139

Donation Request Form

Please complete this form and return it with a letter of request from your organization.

Organization Name

Street Address

City

State

Zip Code

Event Date

Contact Name

Telephone Number

Is your organization an IRS Federal tax-exempt certificate holder with 501(c)(3) status? (Answer will not affect donation request)

Yes _____

No _____

Donation Request Guidelines:

To request a charitable contribution, please submit the following 2 documents* and a self-addressed & stamped return envelope:

- 1. Cleveland Cinemas Donation Request Form**
- 2. A written request on your organization's letterhead with the date of the event listed**

***Organizations that do not submit both documents will not be considered for a donation.**

Once all documents have been completed please send them to the following address or fax number:

Cleveland Cinemas
ATTN: Donation Request
6200 SOM Center Road, Suite C-20
Cleveland, OH 44139
Fax: 440-349-0210

Allow a four-week processing period due to the large quantity of requests received each week. Requests received for events taking place less than four weeks from the receipt of the request will not be honored. All correspondence will be handled through the mail system. No phone or email inquiries are accepted.