

Cleveland Cinemas

2163 Lee Road, Suite 107
Cleveland Hts., OH 44118

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 and SASE will not be considered for a donation.**

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

Cleveland Cinemas
ATTN: Donation Requests
2163 Lee Road, Suite 107
Cleveland Heights, OH 44118

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.