

Anchorage Museum Donation Request Form

Please complete and return this form for consideration of your request for in-kind sponsorship or donations.

Mail: 625 C St. Anchorage, AK 99501 - Fax: 907-929-9290

E-mail: abaldwin@anchoragemuseum.org Phone: Adam Baldwin, 907-929-9254

Please note that all requests must be received at least 30 days prior to your event.

Today's Date: Date of Ev		ent:		
Name of Event: _				
Organization Na	me:			
Mailing Address:		City, State:	ZIP:	
Contact Phone:		Contact E-M	Contact E-Mail:	
Name and Title o	of Organization Conta	act:		
Type of organization:	☐ Arts &Culture	☐ Tourism/Travel ☐	Other (describe)	
	Education	☐ Social Services		
Please provide y	our federal tax exem	pt identification number:		
Brief description	of organization:			
How many peop	le will be affected by	y your organization or this event: _		
Have your receiv	ved support from the	Anchorage Museum in the past?_		
Are Anchorage	Museum employees	involved in your organization?	☐ Yes ☐ No	
If so, who, and in	n what capacity?			
How will the And	chorage Museum be	recognized for its support?		
Signature		—————————————————————————————————————	viewed:	