

Walton Arts Center Ticket Donation Request Form

Date Submitted: _____

Please complete ALL fields before submitting form.

Submit via email at tickets@waltonartscenter.org or mail to Walton Arts Center, attn Box Office, PO Box 3547 Fayetteville AR 72701.

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)

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)