



## 2009 Atlanta Dream Community Ticket Donation Request Form

Name of Organization	
Non-Profit Tax ID # (Include a copy of 501c3 form)	
Address (No PO Boxes)	
City, State, Zip Code	

	Contact Info
Name	
Title/Position	
Phone Number	
E-mail Address	
Fax Number	

List your top three game choices	First Choice:	
	Second Choice:	
	Third Choice:	
Number of Tickets Requested		
Brief description of Organization or Web Address		
Authorized Signature & Date		

Please return this form to:  
 Community Ticket Donations  
 Atlanta Dream  
 83 Walton St. NW, Suite 500  
 Atlanta, GA 30303

**Or by email:**  
[CommunityRelations@AtlantaDream.net](mailto:CommunityRelations@AtlantaDream.net)

*You will receive a confirmation email for the games requested by an Atlanta Dream representative within two weeks prior to the date requested.*