



Ticket Donation Request Form

Please fill out this form completely before mailing with your self-addressed, self-stamped envelope to the following address:

Natural History Museum of Los Angeles County
ATTN: Guest Relations Call Center
900 Exposition Blvd.
Los Angeles, CA 90007

Organization: _____

Organization Tax ID Number: _____

Organization Mailing Address:

Event/Requested Donation Date: _____

Contact First and Last Name: _____

Contact Phone Number: _____

Contact Email: _____

Statement of Purpose (the reason for your request):