



DONATION / SPONSORSHIP FORM

(PLEASE PRINT OUT AND RETURN SCANNED DOCUMENT VIA E-MAIL)

Date Requested:

EVENT DETAILS

Event Name:

Event Date:

Event time:

Event Location:

Estimated attendance:

ORGANIZATION INFORMATION

Organization Name:

Is your Organization a 501 (c) (3) Recognized Charity? Yes No

Contact Email:

Contact Phone:

Mailing Address:

Phone:

Email:

Amount/Items Requested:

Describe the Nature for the Donation/Sponsorship and any other Information or Comments:
(attach any flyers, documentation, event brochure)

To be considered for a sponsorship or donation, this form must be completed, along with a W-9, any pertinent information, brochures and any other supporting documentation. Failure to provide any of the information or required forms will delay your request.

Donation requests must be submitted at least 60 days in advance.

- W-9
- An itemized listing of expenses substantiating your donation request
- Information, brochures and other supporting documentation that describes your cause in greater detail.

Please attach the following information with this document and return it to jsaffle@crosswindscasino.com

THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

X _____

Signature & Title

Date

*****FOR OFFICE USE ONLY*****

Recommended Amount \$ _____

Approved Amount \$ _____

Items Donated

Value of Items Donated \$ _____

Disapproved

Notes:

Signature & Title:

Date:

PLEASE NOTE:

YOUTH OR CHILDREN ORGANIZATIONS DONATION REQUESTS CANNOT BE APPROVED AT THIS TIME.