

Downstream Community Partnership Donation Request Form

Name of Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Organization Status: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Website: \_\_\_\_\_ State or local affiliations: \_\_\_\_\_

Summary of the Organization: \_\_\_\_\_

\_\_\_\_\_

Details of the event (including its date, purpose, expected attendance and beneficiaries):

\_\_\_\_\_

\_\_\_\_\_

DEADLINE for receiving your gift or Downstream participation: \_\_\_\_\_

Specific sponsorship request:

Cash \$ \_\_\_\_\_  Ad Sponsorship \_\_\_\_\_

Raffle/Auction Items \_\_\_\_\_

Details of how Downstream Casino Resort will be recognized: \_\_\_\_\_

\_\_\_\_\_

**For Internal Use Only**

Received Date: \_\_\_\_\_ Reviewed Date: \_\_\_\_\_

Approved Amount \$ \_\_\_\_\_ Raffle/Auction Item \_\_\_\_\_

Denied

Comments \_\_\_\_\_

\_\_\_\_\_

Notification Letter of approval/denial sent to requesting organization: \_\_\_\_\_

\*\*\* For Monetary Gifts, a W-9 U.S. tax form MUST be completed