



LEADING BY EXAMPLE

TO MAKE OUR COMMUNITY STRONGER

TASTING TUESDAYS CHARITY RECIPIENT REQUEST FORM

***Please review our community giving policy PRIOR to filling out this form. [Click here.](#)**

This giving form has two sections:

Section 1 provides us the basic information about your organization and your mission.

Section 2 provides details on the charity's scope and volunteer opportunities.

PLEASE PRINT

Section 1: Organization Information

Name: _____

Contact Person: _____

Phone Number: _____

Mailing Address: _____

E-mail: _____

Under what IRS section do you qualify as a non-profit?
(e.g. 501(c)(3)) **PLEASE INLCUDE A COPY.**

Does this program support any other community organizations? If yes, please specify.

Please provide the organization's Mission Statement:

Signature of Requesting Organization Representative:

Section 2 : Tell us about your area of need

What is the scope of the charity and who does it benefit?

How many people does this charity benefit?

Do you have volunteer opportunities?

We need:

Volunteers, No: _____

Days / Hours Needed: _____

Duties: _____

The completed request form should be emailed to the Donations Committee at communityrelations@dellagoresort.com.

Given that this is a monthly event, please realize that we are not able to accommodate every charity.

JANUARY 2018 WILL BE THE FIRST OPEN SLOT FOR CONSIDERATION.