



# LEADING BY EXAMPLE

TO MAKE OUR COMMUNITY STRONGER

**\*Please review our community giving policy PRIOR to filling out this form. Click here to view.**

**This giving form has two sections:**

**Section 1** provides us the basic information about your organization and your mission, as well as information on how del Lago Resort & Casino team members can recognize their partnership in your event or program.

**Section 2** provides details on what type of contribution you are seeking.

**\*Please print clearly.**

**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))

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

Signature of Requesting Organization Representative:

At the requested level, how would del Lago Resort & Casino receive recognition?  
(Check all that apply)

- Banner Space
- Public Address/Band Announcements
- Included on Event Posters, Flyers
- Included on Event T-shirts
- Logo on Invitations
- Logo on Paid Ads (Specify Radio, TV, Web or Print)
- Included in Media Releases
- Naming Rights (Indicate What Would be Named)
- Display Booth or Table at Event
- Other Recognition (Please Specify):

**Section 2 : Contribution Details**  
**Tell us about your area of need**

Event or Project Name: \_\_\_\_\_

Event Date(s) or Timeline: \_\_\_\_\_

How many years has the event/project taken place? \_\_\_\_\_

What is the scope of event/project and who does it benefit?

How many people attend this event/How many people does this project benefit?

**What is the primary purpose for this event?**

- Community Event: Entertainment - FREE
- Community Event: Entertainment Cost per person \$ \_\_\_\_\_
- Community Fundraiser
- Team Fundraiser
- Dinner, Lunch, Breakfast
- Children's Event
- Performing Arts
- Educational
- Golf Outing
- Special Project
- Other (Specify): \_\_\_\_\_

**We need:**

- Volunteers, No: \_\_\_\_\_
- A Place for the Event
- Cash Donation: \$ \_\_\_\_\_  
or In-kind Donation: \$ \_\_\_\_\_

**What can we do to help you?** (If you need more room, please attach)

**PLEASE ATTACH** the organization's mission statement, a list of sponsorship levels, if applicable, and any additional explanations to questions on this application if necessary. Sponsorships/Donations are limited to one (1) per calendar year, per organization.

**The completed request form should be emailed to Donations Committee, [communityrelations@dellagoresort.com](mailto:communityrelations@dellagoresort.com)**

Completed form **MUST** be submitted 90 days prior to the event date or advertising deadline.