

# APACHE GOLD CASINO RESORT

## DONATION REQUEST

Organization: \_\_\_\_\_ Tax ID# \_\_\_\_\_

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

Representative: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Event Name or Type: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Location: \_\_\_\_\_

Items, Services, or Cash Requested: \_\_\_\_\_

\_\_\_\_\_

Who benefits from this donation and how: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Please read our policies regarding donations.**

1. Individuals will not be considered.
2. Non-profit organizations will be determined first.
3. Other organizations will be determined per our monthly budget.

Please include letterheads, flyers, w-9, and other supporting information.  
There will be no exceptions to these policies.



**Apache Gold Casino Resort**  
**Attn: Marketing Department**

PO Box 1210 San Carlos, AZ 85550

Email: [christenwilson@agcr.us](mailto:christenwilson@agcr.us) Phone: 928-475-7800 x3259 Fax: 928-475-4533

This form is available on our web site: [www.apachegoldcasinos.com](http://www.apachegoldcasinos.com)