



# REQUEST FOR CHARITABLE AND/OR SPONSORSHIP SUPPORT

## ORGANIZATION INFORMATION

Organization Name: \_\_\_\_\_

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

## REQUEST INFORMATION

Donation

Sponsorship

Date Needed: \_\_\_\_\_ Amount or Item REQ: \_\_\_\_\_

Nonprofit Status:

501[c][1]# \_\_\_\_\_ 501[c][3]# \_\_\_\_\_ 501[c][4]# \_\_\_\_\_ 501[c][6]# \_\_\_\_\_

PLEASE DESCRIBE IN DETAIL WHAT REQUESTED ITEMS OR FUNDS WILL BE USED FOR:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE DESCRIBE ANY ADDITIONAL DETAILS OF THE PROPOSED SPONSORSHIP AND/OR DONATION YOU WISH TO BE CONSIDERED SUCH AS ADVERTISING, EVENT SEATS, OR OTHER ITEMS INCLUDED.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IS YOUR ORGANIZATION FUNDED BY THE SENECA NATION, AND/OR HAVE YOU REQUESTED/RECEIVED ANY DONATION/SPONSORSHIP FOR THIS EVENT FROM THE SENECA NATION OR ANY OTHER SENECA NATION ENTERPRISE? **Yes** **No** IF YES, PLEASE EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ACKNOWLEDGMENT

By signing this form, I am requesting that the above organization be considered for Charitable and/or Sponsorship support from the Seneca Gaming Corporation.

Furthermore, I acknowledge that all information provided above is accurate and true to the best of my knowledge. If said request for Charitable and/or

Sponsorship is approved, I, on behalf on [ \_\_\_\_\_ ] agree to give the Seneca Gaming Corporation permission to

Insert Name of Organization

publicly acknowledge said Support and use of [ \_\_\_\_\_ ] name, logo, or other representative identifying symbol on all

Insert Name of Organization

and any Seneca Gaming Corporation business collateral such as media, print, and web.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title or Nature of Affiliation with Named Organization

\_\_\_\_\_  
Date