

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. **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 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