



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