

APACHE GOLD

DONATION / SPONSORSHIP REQUEST

Organization: _____ Tax ID# _____

Address: _____

Representative: _____ Today's Date: ___/___/___

Phone #: _____ Email: _____

Event Name or Type: _____

Event Date(s): ___/___/___ to ___/___/___ Location: _____

Items, Services, or Cash Requested: _____

Who Benefits from this Donation/Sponsorship and How: _____

Please read our policies regarding Donations and Sponsorships:

1. Requests must be submitted at least 30 days prior to your Event.
2. Individuals will not be considered.
3. Non-profit organizations will be determined first.
4. Other organizations will be determined per our monthly budget.

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



Apache Gold Casino Resort Marketing Dept.
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This form is available on our web site: apachegoldcasinoresort.com