

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: _____

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, and other supporting information.
There will be no exceptions to these policies.



Apache Gold Casino Resort Marketing Dept.

PO Box 1210 San Carlos, AZ 85550

Email: martinjones@agcr.us Phone: 928-475-7800 x3259 Fax: 928-475-4533

This form is available on our web site: www.apache-gold-casino.com