



In-Kind Donation Request

Organization/Individual Name: _____

Contact Name: _____ Phone: _____

Mailing Address: _____
City State Zip Code

Email Address: _____

Event Type: _____ Event Date: _____

(Please submit a copy of your flyer, registration, letter, etc.)

Type of Request: \$ _____ Monetary Amount or Playing Cards _____ packs

What type of fundraising will you do to assist with your funding or event?

What type of exposure should we receive if approved?

Banner or signage () Event Program or literature () Verbal mention during program ()

Media () What Type: _____

The Warm Springs Gaming Enterprise Committee will review requests for In-Kind Donation(s) and Sponsorship(s). All requests must be submitted 30 days prior to your event date/deadline date, along with a **W-9**.

Requestor Signature: _____ Date: _____

Office Use Only:

Approval Signature: _____ Date: _____

Approved () Amt \$ _____ Denied () _____ Gift Basket () IHC Gift Card \$ _____ () PTP Gift Card \$ _____ ()