



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, w-9, and other supporting information.
There will be no exceptions to these policies.



**Apache Gold Casino Resort
Attn: Marketing Department**

PO Box 1210 San Carlos, AZ 85550

Email: lorettastone@agcr.us Phone: 928-475-7800 Ext. 3259

This form is available on our website: www.myapachecasinos.com