



*Clearwater River Casino & Lodge  
Marketing*

*Donation Request*

Name of Organization: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person Email Address: \_\_\_\_\_

Event Date: \_\_\_\_\_ Pickup Date: \_\_\_\_\_

Please attach any brochures or other information about your event.

How did you hear about the Clearwater River Casino & Resort's donation program?

\_\_\_\_\_

What type of donation is requested? (Please include requested amount)

Door Prizes

Food Certificate/Donation

Other

How will the donations be used? (Specifically describe who will benefit and how)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Authorized Representative

Date

**Please note:**

You may attach any other information, including letters of support, which would assist us in evaluating your request. Please send your completed application, **a minimum of 45 days prior to your event/activity** to Kathy Bybee, Marketing Department, Clearwater River Casino & Resort, 17500 Nez Perce Road, Lewiston, ID, 83501; or fax to 208.743.7121; or email to [kathyb@crcasino.com](mailto:kathyb@crcasino.com)