

Marketing Donation Request Form

CASINO & LODGE 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 Savana Quijada, Marketing Department, Clearwater River Casino & Lodge, 17500 Nez Perce Road, Lewiston, ID, 83501; or email to <u>savanag@crcasino.com</u>

Name of Organization:	
Full Mailing Address:	
Contact Person:	Phone:
Contact Person Email Address:	
Event Date:	Pickup Date:
Please attach any brochures or other in	nformation about your event.
How did you hear about the Clearwate	r River Casino & Resort's donation program?
What type of donation is requested? (F	Please include requested amount)
Door Prizes Food Ce	rtificate/Donation 🗌 Other
How will the donations be used? (Specifically describe who will benefit and how):	
Signature of Authorized Representative	2

Date: