

# DONATION REQUEST FORM

First & Last Name: \_\_\_\_\_

Address (City, State, Zip Code): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (Cell:) \_\_\_\_\_

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

Tax-Exempt ID Status: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Expected attendance: \_\_\_\_\_

Description of Organization (i.e., purpose, who benefits, location): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is being requested (money, sponsorship, in-kind trade, overnight stay, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



COMMUNITY ACES™



BETTENDORF

## Donation Request Instructions:

**Scan and email completed form to:**

Suzanne Fickinger

[suzanne.fickinger@islecorp.com](mailto:suzanne.fickinger@islecorp.com)

**OR**

**fax to:**

Donations:

563-441-7074

**OR**

**Mail to:**

Isle Casino Hotel

Attn: Donations

1777 Isle Parkway

Bettendorf, IA 57222

Must be received at least 30 days prior to your event

Any questions, or to follow up -- call Suzanne Fickinger at 563-441-7102