



Coeur D'Alene Casino Resort Hotel

(Must be received no less than 30 days before needed)

Name of Organization: _____ Event Date: _____

Address: _____

Contact person: _____ Phone: _____

Contact person e-mail address: _____

All organizations, please attach any brochures or other information about your entity.

How did you hear about the Coeur D'Alene Casino Resort Hotel's
contributions program? _____

What type of donation is requested?

- ☐ Round of Golf
- ☐ Gift basket
- ☐ Stay and Play
- ☐ Food Certificate
- ☐ Hotel Stay

What the proceeds from the donation be used for? Specifically describe who will benefit,
and how they will benefit: _____

Signature of organization's authorized representative _____

Date signed: _____

PLEASE NOTE:

You may attach any other information, including letters of support, which would assist us in evaluating your request. All applications will be reviewed monthly. Send completed application to Bob Bostwick, Coeur D'Alene Casino Resort Hotel, PO Box 236, Worley, ID 83876, or they can be faxed (208) 665-6939.