

# Riverside Casino & Golf Resort® Donation Request Form

Riverside Casino & Golf Resort is a proud member of Washington County and is dedicated to helping those in our community and surrounding areas. If your non-profit organization or fundraising entity is interested in applying for a donation, please complete the donation request form below. All applicants must complete this form. You may mail, e-mail or fax this form to:

**Riverside Casino & Golf Resort**  
**Attn: Kylee Homewood**  
**3184 Hwy 22**  
**Riverside, IA 52327**  
**kylee.homewood@riversidecasinoandresort.com**  
**319-648-5800 (FAX)**  
**319-648-1234 ext. 1875**

Due to the number of requests we receive, donation requests must be submitted no later than two weeks prior to your event. If you are requesting a financial contribution, submit your request in time for our contributions committee meeting held at the end of each fiscal quarter in March, June, September, and December. For example, if your event is on May 1st, you will need to submit your request before the end of March. Incomplete forms will not be accepted. Please e-mail or mail any accompanying documents, flyers, or event information to the e-mail address above.

## Event Information

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

501 (c)(3) Tax ID Number: \_\_\_\_\_

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

Date and Location of Event: \_\_\_\_\_

## Contact Information with Mailing Address of Organization

Organization: \_\_\_\_\_ ATTN: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## Type of Donation Request

Financial Contribution     Auction/Drawing Item     Other

Please briefly note how this event will benefit our community: