

## **Charitable Donation Request Form**

Organization Name:	
Non-Profit Designation:	Tax ID Number:
Contact Name:	Phone:
Address:	Email:
	Website:
Brief description of your organization and	its goals:
Event Date(s):	
Name and brief description of your event:	
How many years has the event/ project ta	ıken place?
Who does the project benefit?	<del></del>
Why do you want to partner with the Hard	d Rock Hotel & Casino Sioux City?
	<del></del>

We need:	
Cash donation: \$	Co - Sponsorship: \$
Volunteers, how many	Event Planning Assistance
A place for the event	Concert Tickets
☐ Hotel Stays	Food & Beverage Credit
Other, please specify:	
How will the donated item (s) be used?	
At the requested level, what recognition will th that apply)	e Hard Rock Hotel & Casino receive? (Check all
Banner Space	Public Address/Band Announcements
Included on event posters, flyers	Included on event T-shirts
Logo on invitations	Logo on paid ads
Logo as sponsorship recognition in print mat	erials
Included in media releases	
Included in social media announcements	Display booth or table at event
Other recognition (please specify):	
Please attach your organization's mission statement, additional explanations to questions on this application request. Request form should be submitted in according	ion if necessary. Complete a separate form for each
Hard Rock Hotel & Casino Sioux City Attn: Jackie Zobel	

111 3<sup>rd</sup> St.

Sioux City, IA 51101



## **Charitable Donation Request Deadlines**

For Funding Needed: Application Deadline is:\*

January – March November 15 (previous year)

April – June February 15 (current year)

July – September May 15 (current year)

October – December August 15 (current year)

\*Completed applications will be accepted via email or as paper applications, but must be submitted by 5 p.m. per deadlines listed above.