Donation & Sponsorship Application

Organization should review the Ho-Chunk Gamin	ng Donation and Spo	nsorship Guideline	s before submitting an application
Date of Request	(incomplete applica	ations will not be c	considered)
Type of Request: (Requests must be made 60	days in advance of ar	event to be conside	ered)
 Monetary (amount) Promotional items i.e. shirts, pens Gift Certificates Playing cards Qty: (For quantities greater than 100, use this form) 		(amount) nption Slips or \ ee/Rewards Pla	
Organizations receiving donations/sponsorsh are generated from gaming dollars. Organiza advertising, and publicity surrounding Ho-Chu	tions hereby autho	rize Ho-Chunk Ga	aming to use their name in
Request needed by			
Organization Name	Date	of Event:	
Contact Person and Title		Phone ()
Address			
City	_State	Zip Code_	
Contact e-mail:			
Web address:			
Which of the following categorizes best	describe your or	ganization:	
□ Non-Profit □ Not for Profit □ For Profit □ □ HCN OOP □ HCN Dept. of Bus. □ HC			
		(Name of De	
Charitable organization Federal Tax I. D. nu	Imber:		
What is the target audience for the event? I	E.g. adults, kids, g	olfers, walkers,	skiers

Event Name:

Ho-Chunk Gaming Donation & Sponsorship Application – continued

Organization Name:_____

A brief history of the organization and its goals (brochure or other official document preferred)

Detailed description of how the donation will be used

How will this event/program impact the community and your organization, including how many people the donation will affect?

What type of advertisement will Ho-Chunk Gaming receive from this event/program?

What media will	be used f	or the event? (_ist names of companies advertising with)
	TV statio	ons	
	Newspa	per	
	Radio		
	Magazin	е	
	Website		
	E-mail	Billboard	□ Other:
			eceived donations from any of the following:
			unk Gaming Black River Falls, Ho-Chunk Gaming Wittenberg, Ho-
Chunk Gamin	ng Madiso	n, Ho-Chunk G	aming Wisconsin Dells, or the Ho-Chunk Nation Community
Relations Cor	nmittee ir	n Black River Fa	alls within the past 12 months
□ No □ Yes If ye	es, which	organization:	Date donation was received:
·	Wh	at was donated	·

Names of other sponsors/donors & amounts donated

Please return completed application with literature or publicity materials for the event to:

Office use Received:	onlyInitials:
Action	

Ho-Chunk Gaming Nekoosa Melanie McDonald -SMPR 949 County Rd G Nekoosa, WI 54457 **E-mail:** melanie.mcdonald@ho-chunk.com Phone: (800) 782-4560 Ext. 8449; **Fax:** (715)886-4463