



ORGANIZATION NAME:		
ID NUMBER:		
ADDRESS:		
CITY:	ST:	ZIP:
CONTACT NAME:	PHONE:	
EMAIL ADDRESS:		
DESCRIPTION OF ORGANIZATION/EVENT/TEAM (include geographic area(s) of operation):		
<p>Number of persons served by Organization: _____</p> <p>Number of Foxwoods/MPTN employees served: _____</p>		
DESCRIPTION OF DONATION REQUEST (include information about event):		
Human Services:_____ Community Development:_____ Diversity:_____ Education:_____		
TYPE OF REQUEST (Please attached appropriate documents to describe):		
In-Kind:_____ Sponsorship:_____ Monetary Amount:_____ Golf:_____ Cards/Dice:_____		
For Sponsorships please attach: A description of the purpose, objective and anticipated outcome of the specific project. An itemized project budget including income, expenses and sources of other committed and pending support. A list of current board member. Most recent financial statement.		
NAME OF EVENT:		
DATE OF EVENT:		
IF APPROVED, PLEASE LIST WHERE THE DONATION SHOULD BE SENT AND TO WHOM:		
ADDRESS:		
NAME:		

Please mail your request to:

Foxwoods Resort Casino  
 Charitable Donations  
 350 Trolley Line Blvd.  
 P.O. Box 3777  
 Mashantucket, CT 06338

For Committee Use Only:

Accepted or Denied

Date:

Log #