



Coeur d'Alene Casino Resort Hotel

(Donation request must be received no less than 30 days before event)

Name of Organization: _____ **Event Date:** _____

Contact Person: _____ **Phone:** _____

Mailing Address: _____

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

(No cash donations please)

____ Round of Golf

____ Stay and Play

____ Hotel Stay

____ Food Certificate

____ Spa Certificate

What will the proceeds from this donation be used for?

Signature of Organization's authorized representative _____

Please Note: you may attach any information, including letters of support, which would assist us in evaluating your request. All applications will be reviewed monthly. Send completed application to Annie LaSarte, Coeur d'Alene Casino Resort Hotel, PO Box 236 Worley, Idaho 83876, or email to alasarate@cdacasino.com