

# Eagle Springs Golf and Country Club

## Donation Request Form

Date: \_\_\_\_\_

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

Tax ID number (if applicable): \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: (    ) \_\_\_\_\_ Cellular Number: (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: (    ) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please describe the purpose of the donation (Event Participation, Sponsorship, Ad, Auction Items, etc.):

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Amount Requested \_\_\_\_\_ If Event, Date of Event \_\_\_\_\_ Number of guests \_\_\_\_\_

Has Eagle Springs Golf & Country Club, Table Mountain Rancheria or Table Mountain Casino provided a donation for your organization in the past?

Yes    No

If yes, please describe: \_\_\_\_\_

Additional information or comments: (Feel free to add an additional sheet or cover letter if necessary.)

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The above information is correct to the best of my knowledge.

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Date Received \_\_\_\_\_ Initials \_\_\_\_\_