



Community Support Program Application Form

Name of organization/charity: _____

Date: _____

Is your organization a registered charity? YES NO

Is your organization a non-profit organization? YES NO

If you answered YES please provide the charity license number:

Contact Name: _____

Contact Title: _____

Contact Telephone Number: _____

Contact email address: _____

Mailing address for the organization/charity:

Telephone Number for the organization/charity: _____

Website link (if applicable):

Are you seeking: DONATION? SPONSORSHIP?

Please specify the amount of your request: _____

When do you require support (M-D-Y): _____

Has your organization received a donation from Casino Dene in the past 12 months?

YES

NO

Please provide a brief description of your organization and season duration: _____

Please provide a brief description of the event/program for which you are seeking a donation/sponsorship: _____

Submission Information:

Completed Sponsorship-Donation form must be submitted to:

opsmanager@casinodene.com

or

Mail:

Casino Dene

Community Support Program

PO Box 1859 Stn Main

Cold Lake AB

T9W 1P4

Thank you for taking the time to complete and submit the form. Please ensure all information is clearly written and accurate. If your organization is successful Casino Dene will contact your organization.