



Community Support Program Application Form

Name of organization/charity:	
Date	
Is your organization a registered charity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your organization a non-profit organization?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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:	Address:
	City, Prov.:
	Postal Code:
Telephone Number for the organization/charity:	
Website link (if applicable):	
Are you seeking:	DONATION? <input type="checkbox"/> SPONSORSHIP? <input type="checkbox"/>
Please specify the amount of your request:	
When do you require support (M-D-Y)	



Community Support Program Application Form

Has your organization received a donation from Casino Dene in the past 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/>
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 by email to:

info@casinodene.com

or by Mail to:

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.