



**ISLETA**  
resort + casino

**SPONSORSHIP AND NON-MONETARY DONATION**

**REQUEST FORM**

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

Sponsorship Request

**Non-Monetary** Donation Request

**I. Contact Information**

Legal Name of Entity or Individual:	Tax Payer Identification #:
Contact Name:	Title:
Mailing Address:	State and Zip Code:
Telephone #:	Fax #:
E-mail Address:	Website:
<b>Please check all that apply:</b>	
Isleta Tribal Organization <input type="checkbox"/> Other Organization/ Entity <input type="checkbox"/> Individual <input type="checkbox"/> Team <input type="checkbox"/>	
Isleta Tribal Member / Employee <input type="checkbox"/> Non-Profit 501(c) (3) <input type="checkbox"/> School <input type="checkbox"/>	

**II. Sponsorship / Non-Monetary Donation Information**

Reason for Request:
List Detail of Request (e.g. monetary, goods and or services):
Promotional Detail if Applicable:
Commitment of Entity or Individual in Exchange for Sponsorship (e.g. advertisement, tickets, access to events, etc.):

Approved:

Denied:

Modified:

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

Approval Date: 11/10/2016  
Effective Date: 12/01/2016