

100 Montage Mountain Road Scranton, PA 18507

Donation Request Form

Thank you very much for thinking of Montage Mountain for your donation request. We appreciate you considering us as a potential charitable partner. Please fill out the donation request form below and mail to the address above. All requests must be submitted at least 6 weeks before your event.

Date needed by:/			
Address:	City:	State:	Zip: _
Contact Email:	C	Contact Phone:	
Organization & Event Inform	ation		
501(c)3, Please provide your Tax ID Nu	mber:		
Organization Type (Nonprofit, religion,	corporate, education, other) _		
Description of services provided by you	ur organization and how the co	mmunity is served:	
Name of Event or Activity:			//
		Date of Event:/	
Anticipated # of Attendees:		Date of Event:/	
Name of Event or Activity:Anticipated # of Attendees:		Date of Event:/	

Donation Application
Name 3 ways in which your organization plants to promote Montage Mountain Resorts throughout the next year:
will participate in the following:
Corporate/Organization Discount Program
Consignment Voucher Program
Private Event Booking
Request Information
4 Daily Admission Waterpark Vouchers
(Please display flyers and coupons at event) Basket with 4 Waterpark Vouchers
1 Waterpark Season Membership
(Please display flyers and coupons at event) Basket with 1 Season Membership