

1000 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.

Application Date:/		Date needed by:		, 
Contact Information				
Organization Name:		Contact Name:		
Address:	City:		State:	Zip:
Contact Email:		Contact Phone: _		
Organization & Event Information-				
501(c)3, Please provide your Tax ID Number:				
Organization Type (Nonprofit, religion, corpor				
Description of services provided by your organ	nization and hov	v the community is serv	ed:	
Name of Event/Activity:		Date of Eve	ent:/_	
Anticipated # of Attendees: Lo	cation of Event:			
Description of Event:				



Donation Application				
Name 3 ways in which your organization plants to promote Me	ontage Mountain Resorts throughout the next year:			
· <del></del>				
I 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 (Please display flyers, coupons, and arrange to pick up/drop off a MMR pull-up banner to display at event)			
1 Summer Membership     (Please display flyers and coupons at event)	Basket with 1 Summer Membership (Please display flyers, coupons, and arrange to pick			