



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. Please provide a self-addressed envelope complete with postage. All requests must be submitted at least 6 weeks before event.*

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, corporate, education, other) \_\_\_\_\_

Description of services provided by your organization and how the community is served:

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Name of Event or Activity: \_\_\_\_\_ Date of Event: \_\_\_\_/\_\_\_\_/\_\_\_\_

Anticipated # of Attendees: \_\_\_\_\_ Location of Event: \_\_\_\_\_

Description of Event:

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## Donation Application

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Name 3 ways in which your organization plans to promote Montage Mountain Resorts throughout the next year:

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I will participate in the following:

Corporate/Organization Discount Program

Fundraising Program

Private Event Booking

## Request Information

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4 Waterpark Admission Vouchers

1 Summer Season Membership