



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.

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:

Name of Event or Activity: _____ Date of Event: ____/____/____

Anticipated # of Attendees: _____ Location of Event: _____

Description of Event:

Donation Application -----

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

I will participate in the following:

☐ Corporate/Organization Discount Program

☐ Consignment Voucher Program

☐ Private Event Booking

Request Information-----

☐ (2) Winter Lift Tickets

☐ (2) Waterpark Daily Admission Tickets

