



SIOUX CITY

Charitable Donation Request Form

Organization Name: _____

Non-Profit Designation: _____ Tax ID Number: _____

Contact Name: _____ Phone: _____

Address: _____ Email: _____

_____ Website: _____

Brief description of your organization and its goals: _____

Event Date(s): _____ Event Location: _____

Name and brief description of your event: _____

How many years has the event/ project taken place? _____

Who does the project benefit? _____

Why do you want to partner with the Hard Rock Hotel & Casino Sioux City?

We need:

- | | |
|---|---|
| <input type="checkbox"/> Cash donation: \$ _____ | <input type="checkbox"/> Co - Sponsorship: \$ _____ |
| <input type="checkbox"/> Volunteers, how many _____ | <input type="checkbox"/> Event Planning Assistance |
| <input type="checkbox"/> A place for the event | <input type="checkbox"/> Concert Tickets |
| <input type="checkbox"/> Hotel Stays | <input type="checkbox"/> Food & Beverage Credit |
| <input type="checkbox"/> Other, please specify: _____ | |
-

How will the donated item (s) be used? _____

At the requested level, what recognition will the Hard Rock Hotel & Casino receive? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Banner Space | <input type="checkbox"/> Public Address/Band Announcements |
| <input type="checkbox"/> Included on event posters, flyers | <input type="checkbox"/> Included on event T-shirts |
| <input type="checkbox"/> Logo on invitations | <input type="checkbox"/> Logo on paid ads |
| <input type="checkbox"/> Logo as sponsorship recognition in print materials | |
| <input type="checkbox"/> Included in media releases | |
| <input type="checkbox"/> Included in social media announcements | <input type="checkbox"/> Display booth or table at event |
| <input type="checkbox"/> Other recognition (please specify): _____ | |
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Please attach your organization's mission statement, a list of sponsorship levels (if applicable), and any additional explanations to questions on this application if necessary. Complete a separate form for each request. Request form should be submitted in accordance with the attached policy deadlines to:

Hard Rock Hotel & Casino Sioux
City Attn: Jackie Zobel
111 3rd St.
Sioux City, IA 51101

or jacqueline.zobel@hardrockcasinosiouxcity.com



SIoux CITY

Charitable Donation Request Deadlines

For Funding Needed:

Application Deadline is:*

January – March

November 15 (previous year)

April – June

February 15 (current year)

July – September

May 15 (current year)

October – December

August 15 (current year)

****Completed applications will be accepted via email or as paper applications, but must be submitted by 5 p.m. per deadlines listed above.***