

GREAT RIVER ENTERTAINMENT

FUN CITY ENTERTAINMENT CENTER AND CATFISH BEND CASINOS

CHARITABLE DONATION REQUEST FORM

ALL REQUESTS MUST BE IN WRITING ON THE CHARITABLE DONATION REQUEST FORM AND MUST LIST ALL DETAILS OF THE EVENT OR CAUSE AND THE TAX ID NUMBER WHERE APPLICABLE. NO EXCEPTIONS, PLEASE.

PLEASE MAIL ALL REQUESTS TO:

JENNIFER HOLLIDAY
CATFISH BEND CASINO
P.O. Box 727
BURLINGTON, IA 52601
OR FAX TO: 319-237-1253

ALL REQUESTS WILL BE CONSIDERED AND NOTIFIED OF THEIR STATUS. THANK YOU FOR YOUR COOPERATION.

IN ORDER TO GIVE YOUR REQUEST FOR A DONATION IMMEDIATE ATTENTION, KINDLY COMPLETE THE INFORMATION REQUESTED BELOW AND RETURN IT AS SOON AS POSSIBLE.

NAME OF SOLICITING AGENCY: _____

ADDRESS: _____

CITY: STATE: ZIP: _____

TELEPHONE: _____ FAX: _____

501 (C3) TAX I.D. NUMBER: _____ DATE OF EVENT

AMOUNT/ITEM REQUESTED: _____

REASON FOR REQUEST: _____

YOUR (SOLICITOR'S) NAME (PLEASE PRINT):

SIGNATURE: _____ DATE: _____