

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 Informati             | on                     |                        |         |      |  |
| 501(c)3, Please provide your Tax ID Numb   | er:                    |                        |         |      |  |
| Organization Type (Nonprofit, religion, co | rporate, education, ot |                        |         |      |  |
| Description of services provided by your c | organization and how t | the community is serve | ed:     |      |  |
|  |                        |                        |         |      |  |
| Name of Event or Activity:                 |                        | Date of Ev             | rent:/_ |      |  |
| Anticipated # of Attendees:                | Location of Event:     |                        |         |      |  |
|  |                        |                        |         |      |  |
|  |                        |                        |         |      |  |
|  |                        |                        |         |      |  |
|  |                        |                        |         |      |  |

Description of Event:

| Donation Application  |
|---|
| Name 3 ways in which your organization plants 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) Extended Lift Tickets   |
|   |
| (3) 2-hour Snowtubing tickets   |