

DONATION REQUEST FORM



Requested Date: _____

Deadline Date: _____

Name of Organization: _____

Mission of Organization: _____

Name of Event: _____ Event Date: _____

Event Website: _____

Expected # of Attendees: _____

Description of Event: _____

Requested Donation: _____

Contact Information: _____

Contact Name: _____ Company: _____

Contact Title: _____

Contact Phone: _____

Contact Email: _____

Mailing Address: _____

Tax ID#: _____

Tax Deductible: _____

Any additional information:

Requests will be reviewed the first Wednesday of each month and must be submitted by the last day of the prior month to be considered.

Tamarack Resort will provide seasonal in-kind donations for qualified requests.

Please email completed form to marketing@TamarackIdaho.com or mail to
Tamarack Resort | Attn: Marketing | 311 Village Drive, PMB 3026 | Tamarack, ID 83615 | 208.325.1173 | TamarackIdaho.com