

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:

Donation requests will be reviewed quarterly on Dec. 1, Mar. 1, Jun. 1, and Sept. 1.

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

Please email completed form to marketing@TamarackIdaho.com or mail to
Replay Tamarack | Attn: Marketing | 311 Village Drive, PMB 3026 | Tamarack, ID 83615 | 208.325.1000 | TamarackIdaho.com