



DONATION REQUEST FORM

Your organization recently requested a donation from Borgata Heart & Soul Foundation. Prior to the review of any and all donation requests, we ask that organizations provide the information below and return it to Borgata Heart & Soul Foundation. Upon receipt of this completed form, your request will be reviewed. *(Only requests from 501(c)(3) organizations will be accepted.)*

ORGANIZATION NAME:

United Way Funded: Yes ____ No ____

ADDRESS:

CITY:

ST:

ZIP:

COUNTY:

PHONE:

ID NUMBER:

CONTACT NAME:

PHONE:

DESCRIPTION OF ORGANIZATION (include geographic area(s) of operation) :

Number of Persons Served by Organization: ____ Number of Borgata Employees Served: ____

DESCRIPTION OF DONATION REQUEST (include information about event, if applicable) :

____ Health ____ Human Services ____ Community ____ Culture ____ Education

TYPE OF REQUEST: (Please attach appropriate documents to describe)

____ In-Kind ____ Monetary \$ _____ Amount

NAME OF EVENT (if applicable):

DATE OF EVENT (if applicable):

IF APPROVED, WHERE SHOULD THE DONATION BE SENT?

The Borgata Heart & Soul Foundation is dedicated to making a positive difference in the lives of others through Charitable giving in the areas of community, health and human services, culture and education. In keeping with such mission, the Foundation is committed to the maintenance of high standards of ethical conduct and to operation within the letter and spirit of the law.

The Foundation budgets generously for charitable contributions and we carefully allocate these precious resources to positively impact the greatest number possible in the surrounding Atlantic City, Atlantic County and New Jersey area.

Borgata Heart & Soul Foundation
Charitable Donations Committee
One Borgata Way
Atlantic City, NJ 08401