



Montage Mountain Resorts
Attn. Donation Requests
1000 Montage Mountain Road
Scranton, PA 18507

Donation Request Form

Thank you for thinking of Montage Mountain Resorts regarding your event! We appreciate you considering us as a potential charitable partner. Please mail this donation request form to the address listed above upon its' completion, in addition to a stamped self-addressed envelope. All requests must be submitted at least 6 weeks before the applicable event.

Date: ____/____/____

Date needed by: ____/____/____

Contact Information-----

Organization Name: _____ Contact Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Contact Email: _____ Contact Phone: _____

Organization & Event Information-----

501(c)3, Please provide your Tax ID Number:

Organization Type (Nonprofit, religion, corporate, education, other) _____

Description of services provided by your organization and how the community is served:

Name of Event or Activity: _____ Date of Event: ____/____/____

Anticipated # of Attendees: _____ Location of Event: _____

Description of Event:

Please provide flyers/advertisements for the event as applicable.

Donation Application-----

Name 3 ways in which your organization plants to promote Montage Mountain Resorts throughout the next year:

Request Information-----

(2) Waterpark Daily Admission Tickets

Other (please specify) _____