

Donation Application

Thank you for contacting Inn of the Mountain Gods Resort & Casino regarding a contribution towards your organization. Please note that this application must be completed in its entirety and submitted with all appropriate supporting documents.

Contact Information:

Legal Name of Organization: _____

Contact Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail Address: _____

Fax Number: _____ Website: _____

Providing this information will not impact the decision of the Sponsorship Committee.

ASC Member? _____ YES _____ NO

Donation Application along with fundraiser request letter must be submitted to the following:

Inn of the Mountain Gods Resort & Casino
P.O. Box 269
Mescalero, NM 88340
Attn: Orlando Alvarez
(575) 464-7072 Fax