

920 Southwood Blvd, Incline Village, NV 89451 questions@bowlincline.com

(775) 831-1900

DONATION REQUEST FORM

We appreciate our customer's involvement in all the many local non-profit organizations around the lake who provide for the needs of our community! Please return this form to us at least 2 weeks in advance of your event. Due to the large volume of requests we receive, you will only be notified if we can accommodate your request. Incomplete applications will not be considered. Please email completed form to quesitons@bowlincline.com. Thank you!

Date of Application:	
Name of Application Organization:	
Address of Organization:	
	Email:
Tax Exempt as IRS 501@3? Yes OR No	Affiliated with Tax Exempt? Yes or No Other? (specify)
(Please attached copy of tax exemption f	orms for your organization)
Name of person filling out this applicatio	n: Phone #:
Email:	
	Location of Event:
Summary of Event:	
Request you are making to Bowl Incline 8	& Sam Choy's Ohana Diner (Live/Silent Auction Lot, Venue space, Gift Card, etc):
What recognition is given for this donation	on?

FOR OFFICE USE ONLY:

Bowl Incline & SCOD REPLY