Monthly General Donation Request Application

HO-CHUNK

MADISON

AMING

The Monthly General Donation Program takes discarded and donated TITO tickets during a month and donates them to a local non-profit organization as selected by HCG-Madison team members. Additionally, HCG-Madison makes a matching donation to bring the total donation of any month to \$10,000 or up to \$1,500 of the ticket total, whichever is less. To be eligible, organizations must be a registered non-profit organization based in Madison, WI or the surrounding area, must have a proven track record of positively impacting the community, align with HCG-Madison or the Ho-Chunk Nation's core values, must demonstrate financial responsibility and ethical practices, must not be involved with any activities that are illegal or harmful to society and cannot have received a donation from this program within the past 12 months. This program is separate and independent of HCG-Madison other sponsorships and in-kind gifts, you may contact the Marketing Department for an application for those other programs. Being selected for this donation does not make you ineligible to receive support from other HCG-Madison community support programs.

Organization Name	Da	Date of Request	
Contact Person and Title		Phone ()	
Address			
City	State	Zip Code	
Contact e-mail:			
Organization's Website Address:			
Charitable organization Federal Tax I. D. numb	oer:		
Has the organization requested and/or receive the past 12 months?		•	
Organizations receiving donations/sponsorships that the funds are generated from gaming revenu selected, organizations authorize Ho-Chunk Gam surrounding Ho-Chunk Gaming and the Ho-Churk	ues and/or disca ning to use their	arded and donated TITO tickets. If name in advertising and publicity	

Incomplete applications will not be considered. Please return the completed application, a copy of the organization's tax-exempt status, and any other supporting documentation to:

Ho-Chunk Gaming – Madison
Re: Donation Committee
4002 Evan Acres Rd
Madison, WI 53718

Questions? Contact e-mail: madisonhelps@ho-chunk.com Phone: (608)223-9576 Ext. 23567

Please provide the requested information. Responses may be typed and attached separately.

What are the mission and objectives of the organization?

Provide a brief history of the organization:

Please describe the programs and services provided by the organization:

HCG-Madison's core values are *integrity, sustainability, continuous improvement, and teamwork*. How does the organization align with these values?

Describe in detail how this donation will be used and what impact it will have on the organization's mission:

The following materials should be included with this application:

- 1. Copy of tax-exempt status
- 2. Signed copy of W9
- 3. The organization's most recent audited financials
- 4. Any supplement and supporting documents you wish to include, e.g. brochures or marketing materials, vector file of your logo

Donation recipients are selected 3 months at a time in June, September, December, and March. If selected, you will be contacted 2 weeks prior to the month you've been selected for.