



Date: \_\_\_\_\_

## Request for Sponsorship/Donation

Applications reviewed in the order they are received

Thank you for your interest in The Bicycle Hotel and Casino as a sponsor or donor. While we would like to contribute to your worthy cause, our company funnels all requests for donations through a Board Review Committee. This Committee requires a formal written request in order to identify projects we can support within our Mission Statement goals.

### Donation Guidelines:

- Depending on your event, you may be required to be a registered 501(c)(3) nonprofit organization
- Only one request per event/organization will be considered
- Your request must be submitted at least 60 days before the event date
- Donation Request Form PLUS a formal letter from your organization must be submitted for consideration

Please send or email your Donation Request Form and Formal Letter by mail to:

The Bicycle Hotel & Casino  
Julianna Smith / Laura Lovato  
888 Bicycle Casino Drive  
Bell Gardens, CA 90201

jsmith@thebike.com      (562)806-4646 ext. 7580  
llovato@thebike.com      (562)806-4646 ext. 7219

You will be contacted within 5 business days of receipt if your donation request is approved. Please be sure to fill in all fields below for consideration. Incomplete forms will not be processed and not every request is approved.

### ORGANIZATION INFORMATION:

Tax ID number (Must have 501(c)(3) Status): \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Organization Website: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_



EVENT SPONSORSHIP INFORMATION:

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

Location: \_\_\_\_\_

Expected number of attendees: \_\_\_\_\_

Event type: Auction \_\_\_ Dinner \_\_\_ Raffle \_\_\_ Other: \_\_\_

Proposed budget: \_\_\_\_\_

Please briefly describe how The Bicycle Hotel and Casino will be recognized for this donation or sponsorship:

Please provide a brief description of your organization's purpose and whom it benefits:

Please clearly specify your donation request:

Please attach any additional information.

\_\_\_\_\_  
The Bicycle Hotel & Casino Management Signature

\_\_\_\_\_  
Date

For Office Use Only:

Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Special Notes: