**ORGANIZATION INFORMATION**

**Application Date\***

Click here to enter text.

**Non-Profit, 501(c)(3)** **Name\***

Click here to enter text.

**Executive Director’s Name\***

Click here to enter text.

**Contact Name & Title\***

Click here to enter text.

**Contact Email Address\***

Click here to enter text.

**Contact Phone Number\***

Click here to enter text.

**Dollar Amount Requested\***

Click here to enter text.

**In-Kind Donation Requested (Please be specific regarding quantity of room nights, show tickets, restaurants, etc.)\***

Click here to enter text.

**Additional pertinent information of Donation Requested (Please specify event dates, times and purpose. Please limit to 500 words)\***

Click here to enter text.

**Please describe how this information will impact your organization (Please limit to 500 words)\***

Click here to enter text.

**How do you intend to report the success of the program? (Please limit to 500 words)\***

Click here to enter text.

**Were you referred to this application by a Wynn Resorts Employee, or other individual or organization? (If yes, please include name and/or organization name)**

Click here to enter text.