

MGM Resorts International Mandatory Contribution Form

MGM Resorts International requires written acknowledgement of this in-kind contribution. **Nonprofits** must complete this form in its entirety and return via email to csr@theborgata.com. We can no longer accept requests sent via US Mail. Charitable contributions will **not** be released until this form has been returned to our office. All requests must be made at least 60 days in advance of Event Date.

Agency Name: _____ EIN #: _____
 Mailing Address: _____
 Contact Person & Title: _____
 Telephone Number: _____ Email: _____
 Event/Program Name/Date of Event: _____

Demographic Information

Please provide the following demographic information for the people served by your program/agency funded by MGM Resorts International. If you do not track any of the categories below, please mark 100% Unknown.

Ethnicity:

- % Asian / Pacific Islander
- % Black / African American
- % Latino / Hispanic
- % Native American
- % White / Caucasian
- % Multi-ethnic
- % Other
- % Unknown
- % Total **Note: Total must equal**

100%. Sexual Orientation:

- % Lesbian / Gay / Bisexual
- % Heterosexual
- % Unknown
- % Total **Note: Total must equal**

100%. Gender:

- % Female
- % Male
- Transgender
 - Male to Female
 - Female to Male
 - Gender Non-conforming
- % Unknown
- % Total **Note: Total must equal 100%.**

Veterans:

- % Veterans
- % Non-Veterans
- % Unknown
- % Total **Note: Total must equal 100%**

Disability:

- % Persons with Disabilities
- % Persons without Reported Disabilities
- % Unknown
- % Total **Note: Total must equal 100%**

Focus Area* (Please select a maximum of 3):

- | | |
|---|--|
| <input type="checkbox"/> Education K-12 | <input type="checkbox"/> Environmental Stewardship |
| <input type="checkbox"/> Food Insecurity | <input type="checkbox"/> Health & Wellness |
| <input type="checkbox"/> Higher Education | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Veterans & Military Families |
| <input type="checkbox"/> Gender Equality | <input type="checkbox"/> Community Involvement / Other |
| <input type="checkbox"/> Women & Children | |
| <input type="checkbox"/> Arts & Culture | |
| <input type="checkbox"/> Economic Opportunity & Workforce Development | |

Type of Contribution (select all that apply)

- Cash – Amount \$ _____ ; Tax Deductible Amount \$ _____ (Value of contribution minus goods/services provided to donor)
- In-kind

Signature: _____ Date: _____
 Title: _____

FOR OFFICE USE ONLY: RETAIL AMOUNT (FOR IN-KIND ONLY): \$
PROPERTY ISSUING DONATION: