



BONA FIED NON-PROFIT ORGANIZATION DONATION/CONTRIBUTION REQUEST FORM  
RETURN DEADLINE - MARCH 31, 2017

ORGANIZATION NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_ AMOUNT REQUESTING \$ \_\_\_\_\_

Please write a brief summary of the organizations needs for which you are seeking funding.  
Please attach any other information necessary, along with a copy of your non-profit status form.  
*Any incomplete requests will be returned.*

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Return the complete form to:  
Legends Casino Hotel  
attn: Bonnie Kent-Walker  
580 Fort Road Toppenish, WA 98948