LEGENDS
CASINO • HOTEL

BONA FIED NON-PROFIT ORGANIZATION DONATION/CONTRIBUTION REQUEST FORM

RETURN DEADLINE - MARCH 31, 2019

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.

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