# LEGENDS CASINO

## Bona fide Non-Profit Organization
## Donation/Contribution Request Form

**RETURN DEADLINE** – MARCH 31, 2010

Organization Name:_____
Contact Person:_____
Mailing Address:_____
Phone Number:_____
Amount Requesting:_____

**Please** write a brief summary of the organization's needs for which you are seeking funding. **Please** attach any other information necessary. **Please** attach a copy of the Non-Profit Status Form. Any incomplete requests will be returned.

Please return to Legends Casino, 580 Fort Rd, Toppenish, WA 98948 % Bonnie Walker