Yakama Nation Legends Casino
Bona fide Non – Profit Organization
Donation / Contribution Request Form

RETURN DEADLINE – MARCH 31, 2012

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 attached any other information necessary, along with a copy of your non – profit status form. Any incomplete requests will be returned.

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Please return the completed form to:
Yakama Nation Legends Casino
Attn: Bonnie Walker
580 Fort Road
Toppenish, WA 98948