



# Donation Request Policy

Thank you for contacting Table Mountain Casino Resort (TMCR) to support your event and/or organization. TMCR is one of Fresno County's most generous and dedicated community advocates for over 30 years. TMCR remains committed and active in the fields of health, welfare and education through countless generous gifts, sponsorships and donations supporting the local communities' projects, programs and endeavors.

TMCR continues to support and give back to the community each year. Any community organization that wishes to submit a donation request must do so in writing. To make sure your request receives proper consideration, please read and adhere to the guidelines below.

## Donation Request Guidelines

1. Donation request applications are limited to one request per project within a calendar year.
2. All donation requests must be made in writing by completing the Table Mountain Casino Resort Donation Request Form. You may attach additional donation and/or sponsorship information as necessary to the request form.
3. Donation Request Forms are only **accepted via U.S. Mail** sent to the address below:  
Table Mountain Casino Resort  
Donations Committee  
P.O. Box 445  
Friant, CA 93626
4. Normal processing takes up to 45 days. Once your request has been considered, a formal response will be mailed out to you.
5. No telephone inquiries about the status of an application will be accepted.

TMCR receives many requests and will respond to requests within the 45 days processing time. Once your request application has been considered, you will receive a formal letter in the mail from the TMCR Donations Committee.



# Donation Request Form

Organization Name: \_\_\_\_\_ Tax I.D. Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Please describe that the type of donation you are requesting for (i.e. Event Participation, Sponsorship, Ad, etc.)

Donation Amount Requesting for: \_\_\_\_\_

If donation request is for an Event, please complete this section.

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_

Number of Estimated Guests: \_\_\_\_\_

Has Table Mountain Casino Resort provided a donation to your organization before in the past? Yes No

If yes, please describe:

Additional information or comments.

By signing this form, you certify that the information above is correct to the best of your knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Date Received: \_\_\_\_\_

Initials: \_\_\_\_\_