



ENRICHING THE LIVES OF OTHERS

CHUKCHANSI GOLD RESORT & CASINO

VISION

Chukchansi Gold Resort & Casino is dedicated to making a positive difference in the lives of others through Charitable giving in the areas of local community, health and human services, culture and education. In keeping with such mission, Chukchansi Gold Resort & Casino commits to the maintenance of high standards of ethical conduct and to operation within the letter and spirit of the law.

GIVING GUIDELINES

Chukchansi Gold Resort & Casino budgets generously for charitable contributions and we carefully allocate these precious resources to positively impact the greatest number possible. As such, the following guidelines, which apply to both monetary and in-kind contributions, were established to help focus our resources.

Charitable requests must:

- Be submitted in writing a minimum of 60-90 days in advance (see address below) before the actual event
- Include a complete synopsis of the project to be funded
- Include 501(c)(3) non-profit organization tax ID Number
- Be located in the local surrounding area (within 50 miles of Coarsegold)
- Be in one of our areas of giving: Community, Health, Human Services and Culture

We are unable to act favorably on any request:

- For an individual, team or school-sponsored endeavor
- For programs outside of our surrounding area
- For programs that discriminate for any reason, including race, color, creed, religion, age, sex or national origin

GIVING CATEGORIES

- Health
- Human Services
- Culture
- Community

DONATION REQUESTS

If you wish to submit a charitable donation request to be considered by the committee, you will need to submit that request in writing along with the Donation Request Form to:

Chukchansi Gold Resort & Casino
Attn: Sponsorship Committee
711 Lucky Lane
Coarsegold, CA 93614

If you have any further questions please contact us at: (559) 692-5200



DONATION REQUEST FORM

Your organization recently requested a donation from Chukchansi Gold Resort & Casino. Prior to the review of any and all donation requests, we ask that organizations provide the information below and return it to Chukchansi Gold Resort & Casino. Upon receipt of this completed form, your request will be reviewed.

DATE OF REQUEST FORM: _____

(Note: Must be 90 days in advance before actual event date)

ORGANIZATION NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

PHONE: _____

CONTACT NAME: _____ PHONE: _____

EMAIL ADDRESS _____

DESCRIPTION OF ORGANIZATION (include geographic area(s) of operation:

Number of Persons Served by Organization _____

Are there any Chukchansi Gold Resort & Casino employees involved with your group of organization? Yes _____ No _____

Please list: _____

DESCRIPTION OF DONATION REQUEST (include information about event, if applicable):

Check Boxes: Health _____ Human Services _____ Community _____ Culture _____

NAME OF EVENT (if applicable):

DATE OF EVENT (if applicable):

IF APPROVED, WHERE SHOULD THE DONATION BE SENT?

PURPOSE OF YOUR REQUEST/NAME OF EVENT:

LOCATION OF EVENT: _____

ADVERTISING INFORMATION

Will there be any advertisement/promotions featuring Chukchansi Gold Resort & Casino?

YES _____ NO _____

If YES, please describe in detail:

What format do you need to receive our logo? PDF _____ JPG _____ OTHER _____

Email address to send logo: _____

INTERNAL USE ONLY

Date received by CW: _____ Date processed by CW: _____

Approved? YES _____ NO _____ Approved by: _____

PURCHASING DEPARTMENT INSTRUCTIONS

PO# _____ AMOUNT \$ _____

Please forward the request to:



711 Lucky Lane
Coarsegold, CA 93614
Attn: SPONSORSHIP COMMITTEE
559-692-5200
