

Rain Rock Casino

Donation Policy



Rain Rock Casino is one of Siskiyou County's most generous and dedicated community advocates. They remain committed and active in the fields of health, welfare and education; as well as countless other generous gifts, sponsorships and donations to their communities' projects, programs and endeavors.

Any community organization that wishes to submit a donation request must do so in writing. When submitting a donation request, please adhere to the guidelines set forth below and send the form to our mailing address:

Rain Rock Casino
Donations Committee
777 Casino Way
Yreka, CA 96097

Guidelines

1. Applications are limited to one request form per year, per project.
2. Requests must be made on the Rain Rock Casino Donation Request Form. You may attach additional donation and/or sponsorship information as necessary to the form.
3. Donation Request Forms are only accepted via U.S. mail (address above).
4. All applications will be processed and reviewed as quickly as possible. The normal processing time can take up to 45 days. A formal response to an applicant's request will be mailed out to each requesting entity.
5. No telephone application or inquiries about the status of an application request will be accepted.

Thank you for your donation request!



**Rain Rock Casino
Donation Request
Form**

Date: _____

Organization Name: _____

Tax ID number (if applicable): _____

Contact Name: _____

Phone Number: _____ Cell Number: _____

Email Address: _____ Fax Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Please describe the purpose of the donation (Event Participation, Sponsorship, Ad, Auction Items, etc.):

Amount Requested: _____ If Event, Date of Event: _____ Expected # Guests: _____

Has Rain Rock Casino provided a donation for your organization in the past? Yes / No
If yes, please describe: _____

Additional information or comments: (Feel free to add an additional sheet or cover letter, if necessary.)

The above information is correct to the best of my knowledge.

X _____
Signature

Date

Date Received: _____ Initials: _____