



SSC Shadow 4th Annual Financial Assistance Fundraiser

PO Box 18176 • Spokane, Washington 99228 • Tel: 509-850-7787

2016-2017 DONATION FORM

Club Representative:

(Please type or use ball point pen)

NAME:	ADDRESS & DAY TELEPHONE:
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Donor Information:

DONOR NAME –(Name as it should appear in advertising)			
DONOR CONTACT NAME:	TELEPHONE:	FAX:	EMAIL:
DONOR ADDRESS:	CITY:	STATE:	ZIP:

Item Information:

ITEM NAME:	DONOR-ESTIMATED VALUE/ OR MONETARY GIFT: (Must state dollar amount)
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ITEM DESCRIPTION – INCLUDE QUANTITY, SIZE, COLOR, NUMBER OF PERSONS, WEEKS, DAYS/NIGHTS AND ALL RESTRICTIONS:

DONOR SIGNATURE & DATE:	MARK APPROPRIATE BOX: <input type="checkbox"/> Item accompanied form <input type="checkbox"/> Donor provides Certificate <input type="checkbox"/> Item needs to be picked up <input type="checkbox"/> Committee to create Certificate <input type="checkbox"/> Delivery of item by Donor <input type="checkbox"/> Promotional material provided by Donor
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SSC Shadow is a 501c3 nonprofit organization

Fed Tax ID#: 20 8739886 • Your donation may be tax deductible • Check with your tax advisor